BOARD OF DIRECTOR’S MEETING
AGENDA PACKET

August 9, 2021
Regular meetings of the Board of Directors are usually held on the second Monday of each month at 6:30 p.m., unless indicated otherwise. For an agenda, locations or further information call (760) 740-6375, or visit our website at www.palomarhealth.org

MISSION STATEMENT
The Mission of Palomar Health is to: Heal, comfort, and promote health in the communities we serve

VISION STATEMENT
Palomar Health will be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services

VALUES
Compassion - Providing comfort and care
Integrity - Doing the right thing for the right reason
Teamwork - Working together toward shared goals
Excellence - Aspiring to be the best
Service - Serving others and our community
Trust - Delivering on promises

Affiliated Entities
*Palomar Medical Center Escondido * Palomar Medical Center Downtown Escondido * Palomar Medical Center Poway
*Palomar Health Foundation * Palomar Home Care * Arch Health Partners
*Palomar Health Development, Inc.* North San Diego County Health Facilities Financing Authority*
*San Marcos Ambulatory Care Center * Villa Pomerado * Palomar Health Source*
I. CALL TO ORDER

II. ESTABLISHMENT OF QUORUM

III. OPENING CEREMONY
   A. Pledge of Allegiance to the Flag

IV. PUBLIC COMMENTS

V. * MINUTES (ADD A)
   A. Special Closed Session Board of Directors Meeting - Monday, July 12, 2021
   B. Board of Directors Meeting - Monday, July 12, 2021

VI. * APPROVAL OF AGENDA to accept the Consent Items as listed (ADD B)
   A. Executed, Budgeted, Routine Physician Agreements
   B. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments
   C. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments
   D. Modification to the Department of Radiology Rules and Regulations for Palomar Medical Center
   E. Modification to the Department of Psychiatry Clinical Privileges Checklist for Palomar Medical Center

VII. PRESENTATIONS
   A. Quality and Patient Safety

VIII. REPORTS
   A. Medical Staffs
      1. Palomar Medical Center Escondido - Sabiha Pasha, M.D.
      2. Palomar Medical Center Poway - Edward Gurrola II, M.D.
   B. Administrative
      1. President and CEO - Diane Hansen
      2. Chair of the Board - Linda Greer, R.N.

IX. * APPROVAL OF BYLAWS, CHARTERS, POLICIES, RESOLUTIONS (ADD C)

<table>
<thead>
<tr>
<th>Item</th>
<th>Board Committee</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Public Comments and Attendance at Public Board Meetings</td>
<td>Governance</td>
<td>Review</td>
</tr>
<tr>
<td>Lucidoc Policy #21790</td>
<td>Governance</td>
<td>Approve</td>
</tr>
<tr>
<td>B. Resolution No. 08.09.21(01)-16 of the Board of Directors of Palomar Health: Morgan Stanley Authorized Persons and Enabling Resolutions for Municipalities and Certain Other Unincorporated Entities for DVP Accounts</td>
<td>Finance</td>
<td>Review</td>
</tr>
<tr>
<td>C. Resolution No. 08.09.21(02)-17 of the Board of Directors of Palomar Health – General Obligation Bonds – Tax Levy 2021-2022</td>
<td>Finance</td>
<td>Review</td>
</tr>
</tbody>
</table>
IX. APPROVAL OF BYLAWS, CHARTERS, POLICIES, RESOLUTIONS (ADD C)

<table>
<thead>
<tr>
<th>Item</th>
<th>Board Committee</th>
<th>Action</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Resolution No. 08.09.21(03)-18 of the Board of Directors of Palomar Health – Establishment of the Appropriations Limit for Fiscal Year 2022</td>
<td>Finance</td>
<td>Review</td>
<td>10 0:00</td>
</tr>
<tr>
<td>E. Resolution No. 08.09.21(04)-19 of the Board of Directors of Palomar Health Establishing Board Quality Review Committee Meetings for Calendar Year 2021</td>
<td>Quality Review</td>
<td>Review</td>
<td>15 7:45</td>
</tr>
<tr>
<td>F. Board Confidentiality Statement Lucidoc Policy #21799</td>
<td></td>
<td>Approve</td>
<td></td>
</tr>
<tr>
<td>G. Board Conflict of Interest Code Lucidoc Policy #21800</td>
<td></td>
<td>Approve</td>
<td></td>
</tr>
<tr>
<td>H. Board Media Relations Lucidoc Policy #21789</td>
<td></td>
<td>Approve</td>
<td></td>
</tr>
<tr>
<td>I. Board Member Misconduct and Sanctions Lucidoc Policy #63355</td>
<td></td>
<td>Approve</td>
<td></td>
</tr>
<tr>
<td>J. Board Member Oath of Office</td>
<td></td>
<td>Approve</td>
<td></td>
</tr>
</tbody>
</table>

X. COMMITTEE REPORTS (ADD D)

A. Audit & Compliance Committee - John Clark, Committee Chair (committee was dark in July)
B. Community Relations Committee - Laurie Edwards-Tate, Committee Chair (committee was dark in July)
C. Finance Committee - Laura Barry, Committee Chair
D. Governance Committee - Jeff Griffith, Committee Chair (committee was dark in July)
E. Human Resources Committee - Terry Corrales, Committee Chair (committee was dark in July)
F. Quality Review Committee - Linda Greer, Committee Chair (committee was dark in July)
G. Special Strategic & Facilities Planning Committee - Richard Engel, Committee Chair

XI. BOARD MEMBER COMMENTS / AGENDA ITEMS FOR NEXT MONTH

XII. PUBLIC COMMENTS

XIII. FINAL ADJOURNMENT

Please join my WEBEX meeting from your computer, tablet or smartphone.
https://palomarhealth.webex.com/palomarhealth/j.php?MTID=m87ff5c5c72e6b5dfaf3bf1f51a57c20

You can also dial in using your phone.
United States: +1-415-655-0001
Access code: 145 578 2396
+1-415-655-0001,,1455782396##

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* Asterisks indicate anticipated action. Action is not limited to those designated items.

1 5 minutes allowed per speaker with a cumulative total of 15 minutes per group. For further details, see Request for Public Comment Notice available by copying and pasting the URL below into your browser.

https://www.palomarhealth.org/board-of-directors/meetings
Minutes
Board of Directors Meetings
July 2021

TO: Board of Directors
MEETING DATE: Monday, August 9, 2021
FROM: Debbie Hollick, Assistant to the Board of Directors

Background: The minutes from the July, 2021 Regular and Special Session Board of Directors meetings are respectfully submitted for approval.

Budget Impact: N/A

Staff
Recommendation: Recommendation to approve the July, 2021 Regular and Special Session Board of Directors meeting minutes.

Committee Questions: N/A

COMMITTEE RECOMMENDATION: N/A

Motion:

Individual Action:

Information:

Required Time:
EXECUTED, BUDGETED, ROUTINE PHYSICIAN AGREEMENTS

TO: Board of Directors

MEETING DATE Monday, August 9, 2021

FROM: Board Finance Committee
       Wednesday, July 28, 2021

BY: Laura Barry, Committee Chair

Background: The following Executed, Budgeted, Routine Physician Agreement became effective as noted below:

<table>
<thead>
<tr>
<th>PHYSICIAN/GROUP</th>
<th>TYPE OF AGREEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2021</td>
<td></td>
</tr>
<tr>
<td>• Karen Hanna, MD</td>
<td>• Amendment 1 to Medical Director – Bariatric</td>
</tr>
<tr>
<td></td>
<td>Services Agreement – PMC Poway</td>
</tr>
<tr>
<td>July 2021</td>
<td></td>
</tr>
<tr>
<td>• Hardeep Phull, MD</td>
<td>• Medical Director – Medical Oncology/Infusion</td>
</tr>
<tr>
<td></td>
<td>Program</td>
</tr>
</tbody>
</table>

The standard Form A and Abstract Table are attached.

Staff Recommendation: Approval

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the Executed, Budgeted, Routine Physician Agreements as presented. Approval recommended 4 to 0 by the Committee; Board members 3 to 0; Absent: 2.

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: August 9, 2021

FROM: Sabiha Pasha, M.D., Chief of Staff, Palomar Medical Center Escondido

Background: Credentialing Recommendations from the Medical Executive Committee of Palomar Medical Center Escondido.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
Palomar Medical Center Poway
Medical Staff Credentials Recommendations
July 2021

TO: Board of Directors

MEETING DATE: Monday, August 9, 2021

FROM: Edward Gurrola II, M.D., Chief of Staff, Palomar Medical Center Poway

Background: Monthly credentials recommendations from Palomar Medical Center Poway Medical Executive Committee for approval by the Board of Directors.

Budget Impact: None.

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: August 9, 2021

FROM: Sabiha Pasha, M.D., Chief of Staff, Palomar Medical Center Escondido

Background: Update to the Department of Radiology Rules and Regulations to allow for monitoring to be done at Poway as well as Escondido.

Budget Impact: None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: August 9, 2021

FROM: Sabiha Pasha, M.D., Chief of Staff
Palomar Medical Center Escondido
Edward Gurrola, M.D., Chief of Staff
Palomar Medical Center Poway

Background: The Psychiatry Privilege checklist has been revised to take out ECT. The privilege is not currently offered at either facility.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: Monday, August 9, 2021

FROM: Jeff Griffith, Chair Board Governance Committee

Background: The policy has been updated by the committee and is presented to the full board for review and approval.

Budget Impact: N/A

Staff Recommendation: N/A

Committee Questions: N/A

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:
Resolution 08.09.21(01)-16 of the Board of Directors of Palomar Health: Morgan Stanley Authorized Persons and Enabling Resolutions for Municipalities & Certain Other Unincorporated Entities for DVP Accounts

TO: Board of Directors

MEETING DATE Monday, August 9, 2021

FROM: Board Finance Committee
       Wednesday, July 28, 2021

BY: Laura Barry, Committee Chair

Background: The Finance Department currently maintains investment accounts with Morgan Stanley. Due to recent organizational changes, Morgan Stanley has requested that the District adopt their standard Authorized Persons and Enabling Resolutions for Municipalities & Certain Other Unincorporated Entities for DVP Accounts (Attached). Although the District has a current Resolution Designating Subordinate Officers of the District, the Morgan Stanley document more narrowly defines the District officers/staff who would have control over the Morgan Stanley Accounts.

Budget Impact: N/A

Staff Recommendation: Staff recommended approval of Resolution No. 08.09.21(01)-16 of the Board of Directors of Palomar Health: Morgan Stanley Authorized Persons and Enabling Resolutions for Municipalities & Certain Other Unincorporated Entities for DVP Accounts.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of Resolution No. 08.09.21(01)-16 of the Board of Directors of Palomar Health: Morgan Stanley Authorized Persons and Enabling Resolutions for Municipalities & Certain Other Unincorporated Entities for DVP Accounts as presented. Approval recommended 4 to 0 by the Committee; Board members 3 to 0; Absent: 2.

Motion:

Individual Action: X

Information:
Resolution No. 08.09.21(02)-17  
General Obligation Bonds – Tax Levy 2021-2022

TO: Board of Directors

MEETING DATE Monday, August 9, 2021

FROM: Board Finance Committee  
Wednesday, July 28, 2021

BY: Laura Barry, Committee Chair

Background: In July 2005, the first tranche of General Obligation Bonds ("GO Bonds") was issued. The Series (2005A) was priced in a negotiated sale on June 22, 2005, for $80 million PAR in Bonds. The Bond transaction closed on July 7, 2005.

In December 2007, the second tranche of GO Bonds was issued. The Series (2007A) was priced in a negotiated sale on December 4, 2007, for $241,083,318.80 PAR in Bonds. The Bond transaction closed on December 20, 2007.

In March 2009, the third tranche of GO Bonds was issued. The Series (2009A) was priced in a negotiated sale on March 11, 2009, for $110 million PAR in Bonds. The Bond transaction closed on March 18, 2009.

In November 2010, the fourth and final tranche of GO Bonds was issued. The Series (2010A) was priced in a negotiated sale on November 9, 2010, for $64,916,678.80 PAR in Bonds. The Bond transaction closed on November 18, 2010.

In October 2016, the district issued two Series of GO Refunding Bonds, both of which closed on October 27, 2016. The first Series (2016A) was priced at $48,520,000 and refunded all outstanding Series 2005A Bonds. The second Series (2016B) was priced at $164,450,000 and refunded the current interest portion of the Series 2007A Bonds.

On an annual basis, Palomar Health has requested that the County of San Diego levy and collect the taxes necessary to pay the debt service on the GO Bonds. Palomar Health calculates the tax amount to levy based upon the debt service amortization and the assessed value of the District. The assessed value is provided by the County. The County then puts the required tax onto the tax roll, collects the taxes, and remits the collected amounts to the Paying Agent, Wells Fargo, on a monthly basis. The Paying Agent makes the required principal and interest payments on a semi-annual basis.

The resolution will authorize the County of San Diego to levy and collect the required ad valorem taxes for the 2021-2022 tax roll.

Budget Impact: N/A

Staff Recommendation: Approval of Resolution No. 08.09.21(02)-17 Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2021-2022 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of Resolution No. 08.09.21(02)-17 Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2021-2022 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith. Approval recommended 4 to 0 by the Committee; Board members 3 to 0; Absent: 2.

Motion:

Individual Action: X

Information:

Required Time:
Resolution No. 08.09.21(03)-18
Establishment of Appropriations Limit for Fiscal Year 2022

TO: Board of Directors

MEETING DATE Monday, August 9, 2021

FROM: Board Finance Committee
Wednesday, July 28, 2021

BY: Laura Barry, Committee Chair

BACKGROUND: The Board of Directors of Palomar Health annually adopts the Appropriations Limit for the district, pursuant to Article XIIIB of the California Constitution. This action requests approval of the County’s Appropriations Limit for Fiscal Year 2022. This limit applies only to unrestricted appropriations and is not related to any appropriations that are restricted for the General Obligation Bonds.

The Appropriations Limit is calculated to be $117,124,656 for Fiscal Year 2022 (see attached). The District is substantially under that limit and is expected to receive approximately $19,000,000 in unrestricted property tax revenues in Fiscal Year 2022.

BUDGET IMPACT: None

STAFF RECOMMENDATION: Approval of Resolution No. 08.09.21(03)-18 Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2021 – June 30, 2022, Pursuant to Article XIII(B) of the California Constitution.

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of Resolution No. 08.09.21(03)-18 Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2021 – June 30, 2022, Pursuant to Article XIII(B) of the California Constitution. Approval recommended 4 to 0 by the Committee; Board members 3 to 0; Absent: 2.

Motion:

Individual Action: X

Information:

Required Time:
TO: Board of Directors

MEETING DATE: Monday, August 9, 2021

FROM: Linda Greer, R.N., Chair Palomar Health Board of Directors

Background: The following documents are being brought to the full board for review:

- Board Confidentiality Statement Policy
- Board Conflict of Interest Code Policy
- Board Media Relations Policy
- Board Member Misconduct and Sanctions Policy
- Bylaws of Palomar Health
- Board Oath of Office

Budget Impact: N/A

Staff Recommendation: Recommendation to review the documents referenced above.

Committee Questions: N/A

Committee Recommendation: N/A

Motion:

Individual Action:

Information:

Required Time:
ADDENDUM A
# SPECIAL CLOSED SESSION BOARD OF DIRECTOR’S MEETING MINUTES – JULY 12, 2021

## AGENDA ITEM

<table>
<thead>
<tr>
<th>DISCUSSION</th>
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</table>

## CALL TO ORDER

Pursuant to California Governor Newsom’s Executive Order N-29-20 the meeting was held virtually and called to order at 5:05 p.m. by Board Chair Linda Greer

## NOTICE OF MEETING

Notice of Meeting was posted at Palomar Health’s Administrative office as well as on the Palomar Health website on Thursday, July 8, 2021 which is consistent with legal requirements

## ESTABLISHMENT OF QUORUM

Quorum comprised of Directors Greer, Griffith, Barry, Corrales, Clark, Edwards-Tate, Engel

Excused Absences: None

## PUBLIC COMMENTS

There were no public comments
## SPECIAL CLOSED SESSION BOARD OF DIRECTOR’S MEETING MINUTES – JULY 12, 2021

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>CONCLUSION / ACTION</th>
</tr>
</thead>
</table>
| **DISCUSSION** | **MOTION:** By Director Greer, 2nd by Director Edwards-Tate and carried to request that Director Clark recuse himself from closed session agenda item B. Pursuant to California Government Code § 54956(a) – Conference with Legal Counsel: Case Name Unspecified due to Existing Settlement & Negotiations due to a conflict of interest. Roll call voting was utilized.  
Director Corrales – aye  Chair Engel – aye  
Director Greer – aye  Director Barry – aye  
Director Clark – no  Director Griffith – aye  
Director Edwards-Tate – abstain  
Board Chair Greer announced that five board members were in favor. One opposed. One abstention. Motion approved |
| Prior to adjourning to closed session, Board Chair Greer asked if there were any board members who needed to recuse themselves from closed session agenda item B. Pursuant to California Government Code § 54956(a) – Conference with Legal Counsel: Case Name Unspecified due to Existing Settlement & Negotiations due to a conflict of interest. Chief Legal Officer Kevin DeBruin noted Director Clark self-identified as a member of Citizens to Save Palomar Health in the San Diego Union Tribune, and as that will be the matter that would be discussed in closed session agenda item B., his interests are directly adverse to the district in that matter and would be to the financial detriment of the district should that action be successful. As he has self-reported as being a supporter of that action, Mr. DeBruin recommended that Director Clark recuse himself or be excluded from that portion of the meeting. The other alternative would be to not hold that closed session if Director Clark was not excluded. Board Chair Green then requested a motion to request that Director Clark recuse himself from that session. Director Clark responded that he is not a member of the group referenced above, and that he can support any entity he wants as an individual citizen.  
   o Director Griffith then asked Director Clark again if he wanted to recuse himself; then read aloud from the news article in question, wherein Director Clark went on record as a member of Citizens to Save Palomar Health and recommended that an investigation of fellow board members be conducted. Therefore, since each board member had already received a letter of potential litigation by an attorney group representing the Citizens to Save Palomar Health, and Director Clark supports that group and their actions, it would be a direct conflict of interest for him to attend closed session B. |

## IV. ADJOURNMENT TO CLOSED SESSION

<table>
<thead>
<tr>
<th>Agenda Item</th>
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<tr>
<td><strong>DISCUSSION</strong></td>
<td></td>
</tr>
<tr>
<td><strong>B. Pursuant to California Government Code § 54956(a) – Conference with Legal Counsel: Case Name Unspecified due to Existing Settlement Negotiations</strong></td>
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</tr>
<tr>
<td><strong>C. Pursuant to California Government Code § 32106, Civil Code § 426.1 - Health Care Facility Trade Secrets</strong></td>
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<tr>
<td><strong>V. RE-ADJOURNMENT TO OPEN SESSION</strong></td>
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<tr>
<td><strong>VI. ACTION RESULTING FROM CLOSED SESSION DISCUSSION, IF ANY</strong></td>
<td><strong>MOTION:</strong> By Director Griffith, 2nd by Director Corrales and carried to engage the legal firm of Holland &amp; Knight to investigate and represent Palomar Health and the Palomar Health Board of Directors in the matter discussed during closed session. Roll call voting was utilized. Director Corrales – aye Chair Engel – aye Director Greer – aye Director Barry – aye Director Clark – no Director Griffith – aye Director Edwards-Tate – no Board Chair Greer announced that five board members were in favor. Two opposed. No abstentions. Motion approved</td>
</tr>
<tr>
<td><strong>• Board Chair Greer requested a motion be made to approve engaging the legal firm of Holland &amp; Knight to investigate and represent Palomar Health and the Palomar Health Board of Directors in the matter discussed during closed session</strong></td>
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<tr>
<td></td>
<td>o Director Edwards-Tate requested consulting with several other legal firms on this matter prior to voting. It was reminded that the entire process is extremely time-sensitive in nature. Holland &amp; Knight has a proven track record of working successfully with Palomar Health on other legal matters that the board had been made aware on multiple occasions</td>
</tr>
<tr>
<td><strong>VII. PUBLIC COMMENTS</strong></td>
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<tr>
<td>There were no public comments</td>
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<tr>
<td>AGENDA ITEM</td>
<td>CONCLUSION / ACTION</td>
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<td>-------------</td>
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</tr>
<tr>
<td><strong>DISCUSSION</strong></td>
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</tbody>
</table>

**VIII. FINAL ADJOURNMENT**

There being no further business, the meeting was adjourned at 6:43 p.m. by Board Chair Greer

<table>
<thead>
<tr>
<th>SIGNATURES:</th>
<th>BOARD SECRETARY</th>
<th>BOARD ASSISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Terry Corrales, R.N.</td>
<td>Debbie Hollick</td>
</tr>
</tbody>
</table>
**Board of Directors Meeting Minutes – Monday, July 12, 2021**

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Conclusion/Action/Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Discussion</td>
<td></td>
</tr>
</tbody>
</table>

**NOTICE OF MEETING**

Notice of Meeting was posted at the Palomar Health Administrative Office; also posted with full agenda packet to the Palomar Health website on Wednesday, July 7, 2021 which is consistent with legal requirements.

**I. CALL TO ORDER**

The meeting, which was held virtually pursuant to California Governor Gavin Newsom’s Executive Order N-29-20, was called to order at 6:48 p.m. by Palomar Health Board Chair Linda Greer.

**II. ESTABLISHMENT OF QUORUM**

Quorum comprised of Directors Barry, Clark, Corrales, Edwards-Tate, Greer, Griffith, Engel

Excused Absence: None

**III. OPENING CEREMONY – Pledge of Allegiance to the Flag**

The Pledge of Allegiance was recited in unison.

**MISSION AND VISION STATEMENTS**

*The Palomar Health mission and vision statements are as follows:*

- The mission of Palomar Health is to heal, comfort and promote health in the communities we serve
- The vision of Palomar Health is to be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services

**IV. PUBLIC COMMENTS**
## Agenda Item

<table>
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<tr>
<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Marcelo Rivera spoke about the Emergent Medical Associates (EMA) contract and board member conflict of interest</td>
<td></td>
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<tr>
<td>Dr. Sunny Bhalla spoke about COVID-19, palliative care and for the board to reconsider their position on the Vituity contract</td>
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</tr>
<tr>
<td>Catherine Konyn spoke about the Palomar Health mission, board responsibilities and staffing contracts</td>
<td></td>
</tr>
<tr>
<td>Joanne Meza spoke about the Vituity contract, transparency and patient safety, and board conflict of interest</td>
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</tr>
<tr>
<td>Dr. Bing Pao spoke about his tenure with the organization, physician contracts and the bidding process</td>
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<tr>
<td>Dr. Bret Ginther spoke about working with EMA leadership, their collaboration and improving patient care</td>
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</tr>
</tbody>
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## V. *APPROVAL OF MINUTES*

| A. Special Closed Session Board of Directors Meeting - Friday, June 4, 2021 |
| B. Special Closed Session Board of Directors Meeting - Monday, June 14, 2021 |
| C. Board of Directors Meeting - Monday, June 14, 2021 |

| A. MOTION: By Director Griffith, 2nd by Director Edwards-Tate and carried to approve the Friday, June 4, 2021 Special Closed Session Board of Directors Meeting minutes as presented. Roll call voting was utilized. |
| Director Corrales – aye Chair Engel – aye |
| Director Greer – aye Director Edwards-Tate – aye |
| Director Barry – aye Director Clark – aye |
| Director Griffith – aye |
| Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion passed |

| B. MOTION: By Director Edwards-Tate, 2nd by Director Griffith and carried to approve the Monday, June 14, 2021 Special Closed Session Board of Directors Meeting minutes as presented. Roll call voting was utilized. |
| Director Corrales – aye Chair Engel – aye |
| Director Greer – aye Director Edwards-Tate – aye |
| Director Barry – aye Director Clark – aye |
| Director Griffith – aye |
| Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion passed |

<p>| C. MOTION: By Director Barry, 2nd by Director Griffith and carried to approve the Monday, June 14, 2021 Board of Directors Meeting Minutes as presented. Roll call voting was utilized. |
| Director Corrales – aye Chair Engel – aye |
| Director Greer – aye Director Edwards-Tate – aye |
| Director Barry – aye Director Clark – aye |
| Director Griffith – aye |
| Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion passed |</p>
<table>
<thead>
<tr>
<th>Agenda Item</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Discussion</td>
<td></td>
</tr>
<tr>
<td>A. There was no discussion</td>
<td></td>
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<tr>
<td>• B. Director Edwards-Tate thanked Board Chair Greer for her comments in the meeting minutes re: the Board Community Relations Committee</td>
<td></td>
</tr>
<tr>
<td>C. There was no discussion</td>
<td></td>
</tr>
<tr>
<td>D. Special Board Budget Workshop - Wednesday, June 16, 2021</td>
<td></td>
</tr>
<tr>
<td>E. Special Session Board of Directors Meeting - Wednesday, June 16, 2021</td>
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**D. MOTION:** By Director Barry, 2nd by Director Griffith and carried to approve the Monday, June 16, 2021 Special Board Budget Workshop minutes as presented. Roll call voting was utilized.
- Director Corrales – aye
- Chair Engel – aye
- Director Greer – aye
- Director Edwards-Tate – aye
- Director Barry – aye
- Director Clark – aye
- Director Griffith – aye

Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion passed

**E. MOTION:** By Director Corrales, 2nd by Director Griffith and carried to approve the Wednesday, June 16, 2021 Special Session Board of Directors Meeting minutes as presented. Pursuant to discussion below, motion by Director Edwards-Tate, 2nd by Director Clark and carried to amend the minutes and remove the resolution vote from these minutes in order to have an opportunity for the reasons stated below. Roll call voting was utilized.
- Director Corrales – no
- Chair Engel – no
- Director Greer – no
- Director Edwards-Tate – aye
- Director Barry – no
- Director Clark – aye
- Director Griffith – no

Board Chair Greer announced that two board members were in favor. Five opposed. No abstentions. Motion did not pass

The board then went on vote on the original motion to approve the meeting minutes as presented. Roll call voting was utilized.
- Director Corrales – aye
- Chair Engel – aye
- Director Greer – aye
- Director Edwards-Tate – no
- Director Barry – aye
- Director Clark – no
- Director Griffith – aye

Board Chair Greer announced that five board members were in favor. Two opposed. No abstentions. Motion passed
**Board of Directors Meeting Minutes – Monday, July 12, 2021**

**Agenda Item**

- **Discussion**

<table>
<thead>
<tr>
<th>Conclusion/Action/Follow Up</th>
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<tbody>
<tr>
<td>D. There was no discussion</td>
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<tr>
<td>E. Director Edwards-Tate requested to make a motion to amend this motion in order to review the board vote relative to Resolution No.06.16.21(01)-15 as several board members did not have adequate time to meet with an elected board, with the MEC, with the Vituity group and other members of our medical staff to ensure there are no potential violations of the process. Wished to have the vote for the resolution amended in these minutes</td>
</tr>
<tr>
<td>o Upon request of legal input, Chief Legal Officer Kevin DeBruin stated that the vote cannot be removed from the minutes. The approval of the minutes could be amended to remove the referenced to that resolution vote and the vote itself, and the resolution that was passed in order to vote on that resolution. This would have to be agendized at another publicly noticed meeting</td>
</tr>
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</table>

**VI.** **APPROVAL OF AGENDA**

_to accept the Consent Items as listed_

| A. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments |
| B. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments |

**A. MOTION:** By Director Edwards-Tate, 2nd by Director Barry and carried to approve Consent Agenda items A. and B. as presented. Roll call voting was utilized.  
Director Corrales – aye  
Director Greer – aye  
Director Barry – aye  
Director Griffith – aye  
Chair Engel – aye  
Director Edwards-Tate – aye  
Director Clark – aye  
Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion passed

| A. There was no discussion |
| B. There was no discussion |

**VII. PRESENTATIONS**

<table>
<thead>
<tr>
<th>A. Quality and Patient Safety</th>
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<tbody>
<tr>
<td>Chief Operations Officer Sheila Brown originally intended to introduce staff member Brigit Davis, an oncology nurse who has worked for the organization since 2016. Ms. Davis was to share her bariatric surgery weight loss journey with the board, however she was called into work; therefore a video presentation of her experience as a Palomar Health Weight Loss Center patient was presented instead. Ms. David lost a total of 120 pounds, noting in the video that she has reached her goal of obtaining a healthy lifestyle so she can play a more fulfilling role in her children’s and family’s lives. Stated that she feels she is so much more of a present mom now that she is able to do the things they love to do, which is to be outside and play and run <a href="https://www.palomarhealth.org/bariatric-center/bariatric-surgery-changed-her-mindset-and-then-her-life">https://www.palomarhealth.org/bariatric-center/bariatric-surgery-changed-her-mindset-and-then-her-life</a></td>
</tr>
<tr>
<td>Board Chair Greer thanked Ms. Brown for sharing the story, requesting that she extend best wishes to Ms. Davis on behalf of the board</td>
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</table>

**VIII. REPORTS**

<table>
<thead>
<tr>
<th>A. Medical Staffs</th>
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<tbody>
<tr>
<td>1. Palomar Medical Center Escondido</td>
</tr>
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</table>
**Board of Directors Meeting Minutes – Monday, July 12, 2021**

**Agenda Item**

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
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<tbody>
<tr>
<td>Palomar Medical Center Escondido Chief of Staff Sabiha Pasha, M.D. provided the following report:</td>
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<tr>
<td>- Neurosurgical panel remains empty and closed; have not seen an RFP for this</td>
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<td>- Laborist program is up and running; would like to work with administration to close gap with outpatient issues</td>
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<td>- Palliative care program was terminated in March; contract has not been discussed</td>
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<tr>
<td>- Delta variant is the predominant strain in the county; currently have 14 patients in-house. Patient volumes increasing by more than a factor of 5 in one week</td>
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<tr>
<td>- Noted concerned about present staffing. Stated that everyone needs to work together to try to get the staffing situation sorted out and rectified. Added that they currently have nine days to figure out a plan on how to staff up to deal with the problem; there is a morale issue with physicians. Looking forward to figure out a way make sure that everybody at the table is heard and can work together</td>
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</tbody>
</table>
| - Director Clark asked if the new physicians could handle a Delta variant surge, to which Dr. Pasha responded that her biggest concern would be the number of physicians needed. Therefore, the credentialing process is moving swiftly to make sure high quality physicians will be ready. She added that the low non-physician vaccination rate is a concern, as well as having enough emergency room physicians and physician assistants; working quickly on credentialing the new physicians for that department. Would like a 30–90 day extension to up-staff. Director Clark made a motion to extend the existing Vituity contract 90 days and extend 90 days to the physicians affected.  
  - Board Chair Greer responded that this topic had not been agendized as it had not been brought to her attention by any board member; therefore no action can be taken on Director Clark’s remarks; legal counsel concurred. Is looking forward to the next Joint Conference Committee meeting to discuss all of this further |                            |
| - Director Edwards-Tate state that the Delta variant is growing here. Director Corrales responded that the CDC not put out any notification that there is a state of emergency, as Director Edwards-Tate had stated earlier |                            |
| - Director Engel noted he received Dr. Pasha’s letter re: physician staffing concerns. Has learned of additional information in that regard earlier today that might be helpful, and that she will be brought into that information. Expressed his appreciation for her sharing her concerns, noting that everyone needs to work together re: the staffing issues |                            |

2. Palomar Medical Center Poway

| Palomar Medical Center Poway Chief of Staff Edward Gurrola II, M.D. provided the following report: |                            |
| - When the downtown campus closed, their behavioral health patients were transferred over to Poway to occupy approximately half of the med surg beds; believes this will continue for another year or more. The acute rehab unit was also transferred from downtown to Poway, and had occupied 15 beds. Those patients have been successfully transferred to the new Kindred/Palomar Health hospital in Escondido, leaving those beds at Poway to be used for overflow. Reported that three of four operating rooms are currently being used due to staffing shortages. Noted that there has been a reduction in senior nurse leadership and a consolidation of nurse leader positions, consolidation from one Chief Nursing Officer for each of the two facilities to one who oversees both |                            |
|  - Director Clark asked if this is occurring due to the new EMA physician contract, to which Dr. Gurrola replied that to his knowledge it was not. Added that these losses are significant, and they will be dealing with this |                            |

B. Administrative

1. Chair of the Palomar Health Foundation
**Board of Directors Meeting Minutes – Monday, July 12, 2021**

<table>
<thead>
<tr>
<th>Agenda Item</th>
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<tbody>
<tr>
<td><strong>Discussion</strong></td>
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<tr>
<td>• Utilizing the attached document, Palomar Health Foundation Chair Kirk provided the board with the Foundation report for July 2021, noting that the annual Palomar Health Gala will be held on Saturday, October 2nd, 2021 at the beautiful Rancho Bernardo Inn. Formal invitations will be mailed out by month end. Proceeds from this year’s gala will benefit Poway Medical Center and The Villas at Poway. Also wished to convey special thanks to Director Griffith for identifying a community partner for the WWII Ambulance restoration project—Drifters Garage! The vehicle has been moved to Drifters in Escondido to complete the full mechanical restoration and exterior work. Drifters is excited to partner on this special project and has generously agreed to underwrite some of the costs</td>
<td></td>
</tr>
<tr>
<td>• Is sad to report the loss of a Palomar Health family member, Ginger Larson. Ms. Larson was a valued member of this organization’s Foundation board leadership team, for which she was appointed chair in July of 2017. Ms. Larson was a well established real estate and business attorney in Southern California who brought more than 30 years of legal experience to the board; her contributions to the Foundation while she was a member of the board were in many ways transcendent. She will be deeply missed by many, including the Palmar Health Foundation, who are forever grateful for her service</td>
<td></td>
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</table>

2. President and CEO

Palomar Health President and CEO Diane Hansen provided the following report:

• A big thank you to Mr. Effinger and Interim Vice President Philanthropy Kristen Gaspar for the incredible work that is going on at the Foundation. They are doing some really terrific, creative things. It is nice to have such a full-fledged report, which had not been seen in quite some time.

• Expressed her condolences for Ginger Larson’s passing, noting that she was such a big and bright personality; it was a pleasure to meet with her. She was an exemplary part of the Palmar Health family and will be greatly missed.

• Congratulated Mel Russell on his promotion to Chief Nurse Executive (CNE) for the health system. Mr. Russell has led the organization through the pandemic beautifully, doubling up beds in our hospital and managing incredibly well through all of the chaos; he has absolutely earned the opportunity for this promotion. Looking forward to working more closely with him in the future. Board Chair Greer echoed Ms. Hansen’s sentiments, adding that he deserves this high honor.

• Spoke to rumors of Ms. Brown being walked out and no longer with the organization. She is definitely still here and is an absolutely integral part of this team! Her focus as of late has been on women’s services, making some much needed changes, building the team and creating a recruitment strategy. These changes will work to better position the organization for even greater things in the future. She will also bring that same level of expertise and commitment to the successful execution of our behavioral health program. Her many talents will definitely be brought to bear on our strategic initiatives.

• COVID-19 update – Delta variant: holding weekly calls to ensure that we are on top of the data and science so we can stay out in front as the situation evolves. We do still have many of the negative pressure rooms although a few had been decommissioned. We are seeing a steady uptick in cases, however nothing as was seen previously. A state of emergency has not as of yet been called, but we keep a pulse on what is going on so we can react in a timely manner.

• Wished to provide additional clarification re: the EMA contract. Earlier this evening the board was able to meet with EMA leadership team to have an opportunity to hear from them re: their level of experience and commitment to quality. A significant number of the necessary documents have already been signed. Also wanted to clear up some misinformation she is hearing and seeing fly around in emails that nobody has signed on. There are a significant number of physicians who have signed on; also expecting more to do so by the end of this week. The organization is fully committed to working with the medical staff in order to ensure the new physicians are credentialed in a timely fashion. We do appreciate our doctors and medical staff. Has always stated that the hope is to get as many of our doctors as possible to stay with Palomar
### Board of Directors Meeting Minutes – Monday, July 12, 2021

#### Agenda Item

- **Discussion**

  - Also wished to address the question about quality of care because that has been out there in media again. There have been many misstatements made in the media in this regard. It is well known that this organization would never jeopardize the quality of care we provide to our patients; the board heard the same from the AME physician group earlier tonight. Palomar Health will never compromise quality, and we will do everything to make a safe and smooth transition to AME. We are also hopeful that everyone will give them the opportunity and welcome them with open arms. They have committed to working with us in a very collaborative fashion going forward.

  - Speaking to Dr. Gurrola’s earlier comments, he is absolutely correct that some significant staffing changes have been made at the Poway campus, with one of the most important ones being the promotion of Mr. Gibson to CNE. This move facilitate the creation of a more collaborative environment to standardize process, care and skillsets across the system. There have been other changes as well; with some folks moving on for personal / family reasons, etc. As always, we will do our best to backfill the positions with staff who are equally strong and committed to the organization. Changes in volume at the Poway campus facilitated some of the changes on a temporary basis, however you will see as those overflow beds are brought back online we will continue to provide additional leadership. We'll never do anything to compromise quality at either of our locations.

2. Chair of the Board

Palomar Health Board Chair Linda Greer provided the following report:

- Reminded board members to review the policies that were forwarded to them in anticipation of meeting together as a team for an educational session. Noted that the board bylaws would be returning back to the Board Governance committee for updating / tightening up.

- Requested board members RSVP for the September ACHD annual conference at their earliest convenience as there is a deadline, and do the same for the board mixer being held later this month.

#### IX. APPROVAL OF BYLAWS, ChARTERS, POLICIES, RESOLUTIONS

A. Public Comments and Attendance at Public Board Meetings - Lucidoc Policy 21790

Policy review deferred to the August 9th Board of Directors meeting

#### X. COMMITTEE REPORTS *(information only unless otherwise noted)*

- **Audit and Compliance Committee**
  - Committee Chair Clark noted that the committee meeting summary was included in the board meeting packet.

- **Community Relations Committee**
  - Committee Chair Edwards-Tate noted that the committee was dark in June. A team meeting was held, and a committee meeting is scheduled for September. Potential to add an additional committee meeting later in the year.

- **Finance Committee**
  - Committee Chair Barry noted that the committee was dark in June. Added that the latest financial data reflects a very positive outlook for the organization.
**Board of Directors Meeting Minutes – Monday, July 12, 2021**

<table>
<thead>
<tr>
<th>Agenda Item</th>
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<tbody>
<tr>
<td><strong>D. Governance Committee</strong></td>
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<tr>
<td>• Committee Chair Griffith noted that the committee meeting summary was included in the board meeting packet. Reported that the Public Comments and Attendance at Public Board Meeting policy was being reviewed and updated by the committee; to be brought to the August 9th Board of Directors meeting for review / approval</td>
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<tr>
<td><strong>E. Human Resources Committee</strong></td>
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<tr>
<td>• Committee Chair Terry Corrales shared highlights from the meeting summary. Invited anyone interested to attend the meetings</td>
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<tr>
<td><strong>F. Quality Review Committee</strong></td>
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<tr>
<td>• Committee Chair Greer shared highlights from the meeting summary, noting it was a very robust and full meeting. Reported out on metrics, quality and all the hard work being done by the organization, adding that we should all be very proud of these accomplishments</td>
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<tr>
<td><strong>G. Strategic &amp; Facilities Planning Committee</strong></td>
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<tr>
<td>• Committee Chair Engel stated that a special committee meeting was held in lieu of the monthly committee meetings to provide an opportunity for the medical staff and others to communicate directly to this committee and then indirectly to the board on issues of concern. Physician panel spoke on various topics including oncology, OB/GYN, and recent contract changes vis-à-vis Vituity and EMA</td>
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**XI. BOARD MEMBER COMMENTS / AGENDA ITEMS FOR NEXT MONTH**

- Director Engel was saddened by the way the Vituity process was handled by the board and administration; felt that in his opinion it alienated a large part of the PH family. There needs to be a way to figure out how to go forward with the medical staff and work together and communicate better. He appreciated all of the opinion and comments, and wants a relationship built upon mutual respect and trust. Felt he has failed at his job as a board member in this area, and would like everyone to try to do better.

- Director Edwards-Tate noted that what the board could do is a parliamentary procedure called reconsider something already disposed of. Made a motion that the board reconsider their actions relative to the resolution discussed above and wait 90 days to discuss the issues further and to listen to the physician group and other members of our medical staff.
  - Board Chair Greer requested legal input on this motion; response from counsel was that the board chair has the option to either consider the motion at this time or to consider adding it to a future board meeting agenda. The Palomar Health Bylaws stipulate that the board chair has the power to proceed either way in this regard. Board Chair Greer stated it is not proper at this time, but that she will take it under consideration for a future board meeting agenda item.

- Director Clark requested that the Vituity contract issue be added to next month’s meeting agenda.

**XII. PUBLIC COMMENTS**

- Dr. Ian Butler spoke about the AME contract, communication issues and working together as a group.

**XIII. FINAL ADJOURNMENT**

There being no further business, Board Chair Greer adjourned the meeting at 8:43 p.m.
<table>
<thead>
<tr>
<th>Signatures:</th>
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<tbody>
<tr>
<td>Board Secretary</td>
<td>Terry Corrales, R.N.</td>
</tr>
<tr>
<td>Board Assistant</td>
<td>Debbie Hollick</td>
</tr>
</tbody>
</table>
PALOMAR HEALTH FOUNDATION

Palomar Health Community Relations Committee
July 2021 Update
Grateful Patient Program Launch!
Introducing ...
L.O.V.E. League

Feeling the L.O.V.E.?
Honor a Caregiver

Live Our Values Everyday to give you the best care.
If a doctor, nurse or any member of the team went above and beyond to make you feel extra special during your stay, induct them into our L.O.V.E. League.

Here’s How:
1. Simply fill out the heart with the name of the person you’d like to recognize. We’ll display it in the hospital for all to see.
2. Make a donation in the person’s honor by simply scanning the QR code.
3. Paying by check? Please fill out the envelope included with your L.O.V.E. League packet.

For donations of $100 and up, your business will be added to our printed L.O.V.E. league list!

11x14 display with easel back
5.5x8.5 Adhesive Notepad with perforation
Annual Gala
October 2\textsuperscript{nd}, 2021

Sponsorship Packages

Saturday, October 2
Rancho Bernardo Inn

5:00 pm – Cocktail Reception and Silent Auction
6:30 pm – Dinner, Program, Live Auction and Entertainment

Sponsorship Packages:

- **Presenting Sponsor** – $50,000
  - Exclusive opportunity, name/logo in gala program and all marketing materials
  - Two VIP tables of 10 seats
  - Invitation to VIP Cocktail Reception

- **Super Nova** – $20,000
  - One VIP table of 10 seats
  - Invitation to VIP Cocktail Reception
  - Company name in print and digital marketing materials
  - Sponsor one table for the silent auction

- **Star Gazer** – $10,000
  - One VIP table of 10 seats
  - Company name in print and digital marketing materials
  - Sponsor one table for the silent auction

- **Wine & Beverage Sponsor** – $10,000
  - Sponsor one table for the silent auction
  - Company name in print and digital marketing materials

- **Floral Sponsor** – $5,000
  - Sponsor one table for the silent auction
  - Company name in print and digital marketing materials

**Table Sponsor** – $3,000

**Photography Sponsor** – $3,000

**Committee Sponsor** – $2,000

**对公司logo在所有会场公告中展示**

**Sponsor one table for the silent auction**

**Constitution at photography station**

More Info:
For Sponsorships, contact: Sonia B. Lopez, Senior Director of Philanthropy
at (760) 739-2785; sonia.lopez@palomarhealth.org
For Auction Donations, contact Clayton Truax at 760-739-2877
or clayton.truax@palomarhealth.org
Physician Quarters and Conference Center of the Future
Commemorative Brick Campaign

- Offering special bricks @ Jacobs and McCann Courtyard
  - $500 (8” X 8”)
  - $250 (8” X 4”)
- 150 Bricks Sold
- $61,250 Raised
Physician Quarters and Conference Center of the Future

• Bids returned and contract awarded
• Congratulations Swinerton Builders!
• Project on track for end of year completion
• 67% of 3.5M goal with $2,353,318 raised!
WWII Ambulance Restoration Project
Keeping Healthcare History Alive

Special thanks to Director Griffith for identifying a community partner for this project—Drifters Garage!

The vehicle has been moved to Drifters in Escondido to complete the full mechanical restoration and exterior work. Drifters is excited to partner on this special project and has generously agreed to underwrite some of the costs.
Forensic Health Services (FHS) has been approved for a **1.4 million dollar grant** that will allow us to expand and become the **Palomar Health Trauma Recovery Center**.

For more than 40 years, FHS has provided medical services to victims following abuse, and with this grant funding, we will be the **first and only center** in San Diego County able to provide medical **and** psychological treatment to victims of violence. This unique combination will not only improve and progress the healing process, but will also provide survivors and their loved ones with the resources needed for recovery and resiliency.

The grant has been approved for two years initially, and TRC services will be offered through FHS starting July 1, 2021. The additional wrap-around services offered will include specialized case management, mental health services, rehab, therapy, advocacy support and community outreach, all at no cost to the victim.

Congratulations to our Grant Writer, Jaqueline Aranda!
Emergency Response to Interpersonal Violence Grant Award

- $50,000 Grant Award

- Grant funds will be used to provide safety and services for victims of child abuse during the emergency order as a result of COVID-19.

- iPads and loaner devices will be provided to children to stay connected to vital services such as psychotherapy and art therapy. Virtual cameras will allow therapists to continue with group therapy sessions even while under more restrictive COVID public health orders.

- Emergency hotel vouchers will be used to protect children and their caretakers from threatening situations.

- Congratulations to our Grant Writer, Jaqueline Aranda!
An exciting day of fun and philanthropy to benefit Palomar Health Foundation was held in May when the Don Belcher Swing Fore Health Golf Invitational took place at Maderas Golf Club.

The relaxing day included breakfast, golf cart, lunch, happy hour reception and cool swag. All proceeds from the event support the new Physician Quarters and Conference Center of the Future at Palomar Medical Center Escondido. We are pleased to report the event raised over $90,000!
Key Initiative
The Villas at Poway
Key Initiative
The Villas at Poway

• Palomar Health’s The Villas of Poway is a Five Star facility with an award-winning reputation. This project’s aim is to bring the environment up to the level of the service it provides.

• For a majority of the residents, this is their long-term home. The design goal is to transform the existing facility from a clinically driven design to a more home-like one.

• $2,350,000 Initiative (Phase One)

• ~80% of Phase One Goal Raised---$1,850,000!
Existing Look ...

The Villas at Poway
Renovated Look ...

The Villas at Poway
Renovated Look ...
The Villas at Poway
INTRODUCING THE DOC FOR A DAY PROGRAM

CONNECTING WITH COMMUNITY

Thank you Emerald!
Don’t forget to RSVP ...

BOARD GATHERING

July 21, 2021
5 - 7 pm

The Palomar Health Foundation Board of Directors invites you and a guest to a summer social with Arch Health Medical Group and the Palomar Health Board of Directors. Enjoy hors d’oeuvres, wine and exclusive facility tours.

RSVP by July 18.
Palomar Health Foundation President and CEO ...

• Recruitment is underway for the role of: Palomar Health Foundation President and CEO

• Interviews will be conducted in the coming weeks

• Interested applicants should contact the Palomar Health HR team
Former Palomar Health Foundation Chairwoman
Evangeline J. ("Ginger") Larson
Thank You!
ADDENDUM B
Amendment 1 to Bariatric Medical Director Agreement  
Karen Hanna, MD

TO: Board Finance Committee

MEETING DATE: Wednesday, July 28, 2021

FROM: Omar Khawaja, M.D., Chief Medical Officer  
Brian Cohen, Director, District Service Lines

Background: Karen Hanna, MD, will act as the Medical Director of the Bariatric Service Program of the Surgery Department at Palomar Medical Center Poway. The Medical Director will assist Palomar Health and its Bariatric Surgery Program in successfully maintaining its designation as an Accredited Center with the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

Budget Impact: Budgeted

Staff Recommendation: Approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
<table>
<thead>
<tr>
<th>Section Reference</th>
<th>Term/Condition</th>
<th>Term/Condition Criteria</th>
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<tbody>
<tr>
<td>TITLE</td>
<td>Bariatric Medical Director Agreement- Palomar Medical Center Poway</td>
<td></td>
</tr>
<tr>
<td>AGREEMENT DATE</td>
<td>January 1, 2021</td>
<td></td>
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</tbody>
</table>
| PARTIES           | • Palomar Health  
                      • Karen Hanna, MD |
| PURPOSE           | To serve as Bariatric Medical Director and ensure the proper management of the program. |
| SCOPE OF SERVICES | Physician shall serve as medical director of the Program (“Medical Director”) and shall be responsible for the medical direction of the Program and the performance of the other medical administrative services set forth, including all of the duties customarily associated therewith, to the reasonable satisfaction of Hospital. Physician's duties as Medical Director shall include the duties listed in Exhibit A of the agreement. Physician shall abide by all policies and procedures of Palomar Medical Center Poway Hospital and its Medical Staff. |
| PROCUREMENT METHOD| □ Request For Proposal  
                      ☒ Discretionary |
| TERM              | January 1, 2021 through December 31, 2021 |
| RENEWAL           | None |
| TERMINATION       | • Immediately for cause;  
                      • Either party may terminate this Agreement without cause upon thirty (30) days’ written notice. |
| FAIR MARKET VALUATION | ☒ YES  
                                 □ NO – DATE COMPLETED: DECEMBER 2019 |
| COMPENSATION METHODOLOGY | Fair Market Value and Commercially Reasonable |
| BUDGETED          | ☒ YES  
                                 □ NO – IMPACT: |
| EXCLUSIVITY       | ☒ NO  
                                 □ YES – EXPLAIN: |
| JUSTIFICATION     | Medical oversight for our Bariatric Surgical Program is a requirement for our credentialing with Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). |
| AGREEMENT NOTICED | □ YES  
                                 ☒ NO  
                                 Methodology & Response: |
| ALTERNATIVES/IMPACT | Proceeding without this agreement would cause our services to be out of compliance with MBSAQIP standards. |
| Duties            | □ Provision for Staff Education  
                      ☒ Provision for Medical Staff Education  
                      ☒ Provision for participation in Quality Improvement  
                      ☒ Provision for participation in budget process development |
| COMMENTS          | |
| APPROVALS REQUIRED | X-VP X CFO XCEO XBOD Committee Finance XBOD |
MEDICAL DIRECTOR AGREEMENT
MEDICAL ONCOLOGY/INFUSION
HARDEEP PHULL, M.D.

TO: Board Finance Committee

MEETING DATE: Wednesday, July 28, 2021

FROM: Omar Khawaja, MD, MBA, Chief Medical Officer

Background: This agreement addresses the need for a medical director specifically for Palomar Health’s Medical Oncology/Infusion Services. The Medical Oncology/Infusion Program consists of PH Infusion, PH Radiation Oncology, and Arch (PH Foundation) Oncology. The Physician shall serve as medical director of the Program and shall be responsible for the medical direction of the Program and the performance of the other medical administrative services as set forth in the Agreement. Physician may perform similar duties within the scope of Physician’s responsibilities as Hospital may reasonably request to the extent permitted by applicable law. Hospital will provide Physician with a copy of its policies and procedures. Physician shall abide by all policies and procedures of the Medical Staff, provided that patient safety is not compromised and no federal, state or local laws are violated by following such policies.

Budget Impact: Budgeted

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
<table>
<thead>
<tr>
<th>Section Reference</th>
<th>Term/Condition</th>
<th>Term/Condition Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>Medical Director Agreement</td>
<td></td>
</tr>
<tr>
<td>AGREEMENT DATE</td>
<td>July 1, 2021</td>
<td></td>
</tr>
<tr>
<td>PARTIES</td>
<td>Palomar Health, a California healthcare district, and Hardeep Phull, M.D.</td>
<td></td>
</tr>
<tr>
<td>PURPOSE</td>
<td>Physician shall serve as medical director of the Medical Oncology/Infusion Program and shall be responsible for the medical direction of the Program and the performance of the other medical administrative services listed on Exhibit A of the Agreement.</td>
<td></td>
</tr>
<tr>
<td>SCOPE OF SERVICES</td>
<td>As Medical Director, Physician shall devote as much time as is reasonably necessary in performing the Medical Director services required under this Agreement to ensure the proper management of the Program.</td>
<td></td>
</tr>
<tr>
<td>PROCUREMENT METHOD</td>
<td>☐ Request For Proposal  ☑ Discretionary</td>
<td></td>
</tr>
<tr>
<td>TERM</td>
<td>July 1, 2021, - December 31, 2022</td>
<td></td>
</tr>
<tr>
<td>RENEWAL</td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>TERMINATION</td>
<td>Either party may terminate this Agreement without cause upon thirty (30) days’ prior written notice.</td>
<td></td>
</tr>
<tr>
<td>FAIR MARKET VALUATION</td>
<td>☑ YES  ☐ NO – DATE COMPLETED: 6/29/2021</td>
<td></td>
</tr>
<tr>
<td>COMPENSATION METHODOLOGY</td>
<td>The Parties hereby acknowledge and agree that the compensation hereunder is the product of bona fide arms-length negotiations and represents a commercially reasonable and fair market value payment for the Services to be furnished hereunder without regard to the volume or value of federal health care program or any other business generated by and among the Parties.</td>
<td></td>
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<tr>
<td>BUDGETED</td>
<td>☑ YES  ☐ NO – IMPACT:</td>
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<tr>
<td>EXCLUSIVITY</td>
<td>☑ NO  ☐ YES – EXPLAIN:</td>
<td></td>
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<tr>
<td>JUSTIFICATION</td>
<td>Hospital owns and operates several acute hospitals and other facilities, which require physician leadership and support of the Medical Oncology/Infusion Program.</td>
<td></td>
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<tr>
<td>AGREEMENT NOTICED</td>
<td>☐ YES  ☑ NO  Methodology &amp; Response:</td>
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<tr>
<td>ALTERNATIVES/IMPACT</td>
<td>N/A</td>
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</tr>
<tr>
<td>Duties</td>
<td>☑ Provision for Staff Education  ☐ Provision for Medical Staff Education  ☑ Provision for participation in Quality Improvement  ☑ Provision for participation in budget process development</td>
<td></td>
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<tr>
<td>COMMENTS</td>
<td>None.</td>
<td></td>
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<tr>
<td>APPROVALS REQUIRED</td>
<td>☐ VP  ☑ X-CFO  ☐ CEO  X-BOD-Committee – Finance; X-BOD</td>
<td></td>
</tr>
</tbody>
</table>
Palomar Medical Center Escondido
2185 Citracado Parkway
Escondido, CA 92029
(442) 281-1005   (760) 233-7810 fax
Medical Staff Services

July 26, 2021

To: Palomar Health Board of Directors
From: Sabiha Pasha, M.D., Chief of Staff
        Palomar Medical Center Escondido Medical Executive Committee
Board Meeting Date: August 9, 2021
Subject: Palomar Medical Center Escondido Credentialing Recommendations

I. Provisional Appointment (08/09/2021 – 07/31/2023)
   Amoussou, Dela, M.D., Clinical Neurophysiology
   Anderson, Danielle N., M.D., Obstetrics and Gynecology
   Burnett, Lindsey A., M.D., Ph.D., Obstetrics and Gynecology
   Carnevale, Kevin P., M.D., Obstetrics and Gynecology
   Fierer, Adam S., M.D., General Surgery
   Forbes, Angela A., D.O., Anesthesia
   Minazad, Yafa E., D.O., Clinical Neurophysiology
   Moghbel, Shahla, D.O., Clinical Neurophysiology
   Nelson, Cole L., M.D., Emergency Medicine
   Stoycheff, Lindsey A., D.O., Obstetrics and Gynecology
   Uchino, Catherine A., M.D., Obstetrics and Gynecology
   Van Woy, Lauren E., D.O., Emergency Medicine

II. Additional Privileges
    Santiago-Dieppa, David, M.D., Neurosurgery
        • Use of Robotic Assisted System for Spinal and Neurosurgical Procedures

III. Request for Leave of Absence
    Gaufin, Thaidra A., M.D., Infectious Disease (2 year LOA, effective 07/08/2021 – 06/30/2023)

IV. Voluntary Resignations
    Daly, Kevin, M.D., Emergency Medicine (effective 07/19/2021)
    Krausz, Howard I., M.D., Ophthalmology (effective 07/31/2021)
    Landry, Elizabeth K., M.D., Anesthesia (effective 07/21/2021)
    Uribe-Bruce, Liliana, M.D., Endocrinology (effective 07/29/2021)
    Varma, Chadrasekhar P., M.D., Endocrinology (effective 07/01/2021)
    Westermeyer, Travis C., D.P.M., Podiatry (effective 07/31/2021)

V. Allied Health Professional Reinstatement
    Liggins, Melissa L., NNP, Neonatal Nurse Practitioner (Effective 08/09/2021-07/31/2023)
VI. Allied Health Professional Resignations
Muma, Kara D., NNP, Neonatal Nurse Practitioner (Effective 04/04/2021, resigned from Rady Children’s)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointment Effective 09/01/2021 – 12/31/2021
Schechter, Roger B., M.D.        Wound Care            Dept of Surgery      Active
(3 month reappointment due to pending CME’s)

Reappointments Effective 09/01/2021 – 08/31/2023
Aldous, Jeannette L., M.D.       Infectious Disease    Dept of Medicine      Active
Bercovitch, Robert S., M.D.      Critical Care Medicine Dept of Medicine      Active
Berry, Julie A., M.D.            Otolaryngology        Dept of Surgery      Courtesy
Bertucci, William R., M.D.       General Surgery        Dept of Surgery      Courtesy
Biederman, Bruce J., M.D.        Diagnostic Radiology   Dept of Radiology      Active
Cantu, Diana M., M.D.            Obstetrics & Gynecology Dept of Ob/Gyn      Active
Chen, Lo-Ping G., M.D.           Nephrology            Dept of Medicine      Active
Chesler, Bradley H., M.D.        Physical Medicine & Rehab Dept of Ortho/Rehab  Active
Chiang, Larry C., M.D.           Internal Medicine      Dept of Medicine      Active
Farrelly, Erin E., M.D.          Orthopaedic Surgery    Dept of Ortho/Rehab  Active
Georgy, Bassem A., M.D.          Diagnostic Radiology   Dept of Radiology      Active
Hallak, Antoine A., M.D.         Plastic Surgery        Dept of Surgery      Active
Hanna, Michael W., M.D.          Internal Medicine      Dept of Medicine      Active
Haripoteponkul, Nora H., M.D.    Obstetrics & Gynecology Dept of Ob/Gyn      Active
Illum, Benjamin E., M.D.         Critical Care Medicine Dept of Medicine      Courtesy
Keefer, Brian P., M.D.           Anesthesiology        Dept of Anesthesia    Active
Lamon, Joel M., M.D.             Hematology/Oncology    Dept of Medicine      Active
Lee, Margaret M., M.D.           Diagnostic Radiology   Dept of Radiology      Active
Liebling, Peter D., M.D.         Critical Care Medicine Dept of Medicine      Courtesy
Neustein, Paul, M.D.             Urology                Dept of Urology      Courtesy
Pasha, Sabiha, M.D.              Internal Medicine      Dept of Medicine      Active
Raz, Ori, M.D.                   Anesthesiology        Dept of Anesthesia    Active
Reddy, Malini M., M.D.           Anesthesiology        Dept of Anesthesia    Active
Salada, Elizabeth A., M.D.       Internal Medicine      Dept of Medicine      Affiliate
Soefje, Sherry A., M.D.          Psychiatry             Dept of Psychiatry    Active
Song, Richard S., M.D.           Neonatal-Perinatal Medicine Dept of Pediatrics  Courtesy
Tomaneng, Neil, M.D.             Emergency Medicine      Dept of Emergency Med Active
Tomassi, Marco J., M.D.          General Surgery        Dept of Surgery      Courtesy

Allied Health Professional Reappointments Effective 09/01/2021 – 08/31/2023
Crespo, Christopher N., PA-C    Physician Assistant  Dept of Surgery      AHP
(Sponsor: Drs. Anthony, Grove, Hanna, Jamshidi, Pearson, Stern)
Dinnall, Christina M., NNP      Neonatal Nurse Practitioner Dept of Pediatrics  AHP
(Sponsor: Dr. Golembeski on behalf of Children’s Specialists)
Maldonado, George S., NNP       Neonatal Nurse Practitioner Dept of Pediatrics  AHP
(Sponsor: Dr. Golembeski on behalf of Children’s Specialists)
Tweedy, David G., Ph.D.         Psychologist          Dept of Psychiatry   AHP
(Sponsor: N/A for Psychologists)
Certification by and Recommendation of Chief of Staff

As Chief of Staff of Palomar Medical Center Escondido, I certify that the procedures described in the Medical Staff Bylaws for appointment, reappointment or alteration of staff membership or the granting of privileges and that the policy of Palomar Health’s Board of Directors regarding such practices have been properly followed. I recommend that the action requested in each case be taken by the Board of Directors.
## PALOMAR HEALTH
### PROVISIONAL APPOINTMENT
#### August 2021

### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Dela Amoussou, M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
</tr>
</tbody>
</table>

### SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Clinical Neurophysiology - Certified 2017 |

### ORGANIZATIONAL NAME

| Name                        | Vituity IntraOperative Neuromonitoring |

### EDUCATION/AFFILIATION INFORMATION

<table>
<thead>
<tr>
<th>Medical Education Information</th>
<th>Northwestern University Medical School</th>
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<tbody>
<tr>
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<tr>
<td></td>
<td>Doctor of Medicine Degree</td>
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</table>

| Internship Information        |                                          |

| Residency Information         | University of Iowa Hospitals and Clinics |
|                               | Neurology                                |
|                               | From: 06/24/2011 To: 06/30/2015          |

| Fellowship Information        | Cedars-Sinai Medical Center              |
|                               | Neurophysiology, Clinical                |
|                               | From: 07/01/2015 To: 06/30/2016          |

| Current Affiliation Information | Palmdale Regional Medical Center        |
|                                | Northridge Hospital Medical Center      |
|                                | Adventist Health Reedley                |
|                                | Loma Linda University Medical Center - Murrieta |
|                                | Corona Regional Medical Center          |
|                                | Adventist Health Hanford Community Medical Center |
|                                | Adventist Health Selma                  |
|                                | Memorial Hospital Los Banos             |
|                                | Adventist Health Clear Lake             |
|                                | Temecula Valley Hospital                |
|                                | Memorial Medical Center                 |
|                                | Watsonville Community Hospital          |
|                                | St. Rose Dominican Hospital - Siena Campus |
|                                | St. Rose Dominican Hospital - Rose de Lima |
|                                | St. Rose Dominican Hospitals - San Martin Campus |
|                                | Glendale Memorial Hospital and Health Center |
# PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Danielle N. Anderson, M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
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</tbody>
</table>

# SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Obstetrics and Gynecology - Certified 2019 |

# ORGANIZATIONAL NAME

| Name                          | OB Hospitalist Group |

# EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | University of Tennessee  
|                               | From: 08/06/2007 To: 05/27/2011  
|                               | Doctor of Medicine Degree |

| Internship Information        |                               |
|                              |                               |

| Residency Information        | University of Tennessee, Memphis  
|                              | Obstetrics and Gynecology  
|                              | From: 07/01/2011 To: 06/30/2015 |

| Fellowship Information       |                               |
|                              |                               |

| Current Affiliation Information | Providence St. Joseph Medical Center |
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th><strong>Provider Name &amp; Title</strong></th>
<th>Lindsey A. Burnett, MD, PhD</th>
</tr>
</thead>
<tbody>
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<td><strong>Palomar Health Facilities</strong></td>
<td>Palomar Medical Center Escondido</td>
</tr>
</tbody>
</table>

## SPECIALTIES/BOARD CERTIFICATION

| **Specialties** | Obstetrics and Gynecology - Certified 2021 |

## ORGANIZATIONAL NAME

| **Name** | OB Hospitalist Group |

## EDUCATION/AFFILIATION INFORMATION

| **Medical Education Information** | University of Illinois  
From: 08/01/2010 To: 05/10/2015  
Doctor of Medicine Degree |
<table>
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<tbody>
<tr>
<td><strong>Internship Information</strong></td>
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</tbody>
</table>
| **Residency Information**        | University of California, San Diego  
Obstetrics/Gynecology  
From: 07/01/2015 To: 06/30/2019 |
| **Fellowship Information**       | University of California, San Diego  
Reconstructive Surgery  
From: 07/01/2019 To: Present  
Scheduled to end 06/30/2022 |
| **Current Affiliation Information** | Sharp Grossmont Hospital  
University of California, San Diego |
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Kevin P. Carnevale, Jr, M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
</tr>
</tbody>
</table>

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                      | Obstetrics and Gynecology – Not Board Certified |

## ORGANIZATIONAL NAME

| Name                           | OB Hospitalist Group |

## EDUCATION/AFFILIATION INFORMATION

<table>
<thead>
<tr>
<th>Medical Education Information</th>
<th>Florida State University</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From: 08/01/2010 To: 05/17/2014</td>
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<td>Doctor of Medicine Degree</td>
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</tbody>
</table>

### Internship Information

### Residency Information

<table>
<thead>
<tr>
<th>Residency Information</th>
<th>Loma Linda University Medical Center</th>
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</thead>
<tbody>
<tr>
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<td>Obstetrics/Gynecology</td>
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<tr>
<td></td>
<td>From: 06/30/2014 To: 06/30/2018</td>
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</tbody>
</table>

### Fellowship Information

### Current Affiliation Information

| Current Affiliation Information | Community Hospital of San Bernardino |
### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Adam S. Fierer, M.D.</th>
</tr>
</thead>
</table>
| Palomar Health Facilities | Palomar Medical Center Escondido  
                            | Palomar Medical Center Poway |

### SPECIALTIES/BOARD CERTIFICATION

<table>
<thead>
<tr>
<th>Specialties</th>
<th>Surgery, General - Certified 1996</th>
</tr>
</thead>
</table>

### ORGANIZATIONAL NAME

<table>
<thead>
<tr>
<th>Name</th>
<th>Minimally Invasive Surgeons of No County</th>
</tr>
</thead>
</table>

### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | UCSD School of Medicine  
From: 09/01/1985 To: 06/04/1989  
Doctor of Medicine Degree |
<table>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Internship Information</td>
<td></td>
</tr>
</tbody>
</table>
| Residency Information | University of California, San Diego  
General Surgery  
From: 06/24/1989 To: 06/30/1995 |
| Fellowship Information | The Mount Sinai Hospital  
Surgery, Laparoscopic  
From: 07/01/1995 To: 06/30/1996 |
| Current Affiliation Information | Palomar Medical Center Poway  
Carlsbad Surgery Center  
Scripps Memorial Hospital, Encinitas  
Tri-City Medical Center |
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Angela S. Forbes, D.O.</th>
</tr>
</thead>
</table>
| Palomar Health Facilities     | Palomar Medical Center Escondido  
|                                | Palomar Medical Center Poway |

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                     | Anesthesiology - Certified 2021 |

## ORGANIZATIONAL NAME

| Name                           | Anesthesia Consultants of California Medical Group |

## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information  | University of New England  
| From: 08/01/2007 To: 08/01/2011  
| Doctor Osteopathy |

| Internship Information         | Walter Reed National Military Medical Center  
| Internal Medicine  
| From: 07/01/2011 To: 06/30/2012 |

| Residency Information          | Walter Reed National Military Medical Center  
| Anesthesia  
| From: 07/01/2016 To: 06/30/2019 |

| Fellowship Information         | N/A |

| Current Affiliation Information | Camp Pendleton Naval Hospital |
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Yafa E. Minazad, D.O.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
</tr>
</tbody>
</table>

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Clinical Neurophysiology - Certified 2007 |

## ORGANIZATIONAL NAME

| Name                        | Vituity IntraOperative Neuromonitoring |

## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Western University of Health Sciences  
From: 08/01/1996 To: 06/02/2000  
Doctor of Osteopathy |
| Internship Information        | Downey Regional Medical Center  
Internal Medicine  
From: 07/01/2000 To: 06/01/2001 |
| Residency Information         | University of Southern California  
Neurology  
From: 08/01/2001 To: 08/01/2004 |
| Fellowship Information        | University of Southern California  
Epilepsy  
From: 09/01/2004 To: 08/01/2005 |
# PERSONAL INFORMATION

<table>
<thead>
<tr>
<th><strong>Provider Name &amp; Title</strong></th>
<th>Shahla Moghbel, D.O.</th>
</tr>
</thead>
<tbody>
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<td><strong>Palomar Health Facilities</strong></td>
<td>Palomar Medical Center Escondido</td>
</tr>
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</table>

## SPECIALTIES/BOARD CERTIFICATION

| **Specialties** | Clinical Neurophysiology - Certified 2020 |

## ORGANIZATIONAL NAME

| **Name** | Vituity IntraOperative Neuromonitoring |

## EDUCATION/AFFILIATION INFORMATION

| **Medical Education Information** | The Edward Via College of Osteopathic Medicine  
From: 01/08/2011 To: 05/09/2015  
Doctor of Ostopathy |
|-----------------------------------|---------------------------------------------------------------|
| **Internship Information** | Good Samaritan Hospital of Maryland  
Internal Medicine  
From: 06/19/2015 To: 06/30/2016 |
| **Residency Information** | Georgetown University Medical Center  
Neurology  
From: 07/01/2016 To: 06/30/2019 |
| **Fellowship Information** | Stanford University Medical Center  
Neuophysiology, Clinical  
From: 07/01/2020 To: 06/30/2021 |
| **Current Affiliation Information** | Adventist Health Clear Lake  
Corona Regional Medical Center  
Adventist Ukiah Valley  
Adventist Health Glendale  
Memorial Medical Center  
Watsonville Community Hospital |
# Personal Information

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Cole L. Nelson, M.D.</th>
</tr>
</thead>
</table>
| Palomar Health Facilities | Palomar Medical Center Escondido  
                            Palomar Medical Center Poway |

## Specialties/Board Certification

| Specialties | Emergency Medicine – Not Board Certified |

## Organizational Name

| Name | Vituity Emergency Physicians |

## Education/Affiliation Information

| Medical Education Information | University of New Mexico  
                              From: 07/18/2012 To: 05/13/2017  
                              Doctor of Medicine Degree |
| Internship Information | N/A |
| Residency Information | UC San Diego School of Medicine  
                         Emergency Medicine  
                         From: 06/24/2017 To: 06/30/2021 |
| Fellowship Information | N/A |
| Current Affiliation Information | N/A |
# PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Lindsey A. Stoycheff, D.O.</th>
</tr>
</thead>
<tbody>
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<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
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</tbody>
</table>

# SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Obstetrics and Gynecology – Not Board Certified |

# ORGANIZATIONAL NAME

| Name                        | Kaiser Permanente |

# EDUCATION/AFFILIATION INFORMATION

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<th>Medical Education Information</th>
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| Internship Information        | N/A |

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<td>From: 06/23/2016 To: 06/30/2020</td>
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| Fellowship Information       | N/A |

| Current Affiliation Information | Kaiser Permanente, San Diego |

### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Catherine A. Uchino, M.D.</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Palomar Medical Center Escondido</td>
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### SPECIALTIES/BOARD CERTIFICATION

| Specialties                       | Obstetrics and Gynecology – Not Board Certified |

### ORGANIZATIONAL NAME

| Name                           | Kaiser Permanente - Obstetrics & Gynecology |

### EDUCATION/AFFILIATION INFORMATION

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| Internship Information         | N/A                                   |

<table>
<thead>
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<th>Residency Information</th>
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<td>From: 06/23/2014 To: 06/30/2018</td>
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| Fellowship Information         | N/A                                   |

| Current Affiliation Information| Kaiser Permanente, San Diego          |
# PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Lauren E. Van Woy, D.O.</th>
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<tbody>
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<tr>
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<tr>
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### SPECIALTIES/BOARD CERTIFICATION

<table>
<thead>
<tr>
<th>Specialties</th>
<th>Emergency Medicine – Not Board Certified</th>
</tr>
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</table>

### ORGANIZATIONAL NAME

<table>
<thead>
<tr>
<th>Name</th>
<th>Vituity Emergency Physicians</th>
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### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Western University of Health Sciences  
| From: 08/04/2014 To: 05/12/2018  
| Doctor of Osteopathic Medicine |
| Internship Information        | N/A                          |
| Residency Information         | Kaiser Permanente, San Diego  
| Emergency Medicine            | From: 06/25/2018 To: 06/30/2021 |
| Fellowship Information        | Rady Children’s Hospital, San Diego  
| Pediatric Emergency Medicine  | From: 07/01/2021 To: 06/30/2023 |
| Current Affiliation Information | Kaiser Permanente, San Diego |
## Current Affiliation Information

<table>
<thead>
<tr>
<th>Hospital</th>
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<tr>
<td>Community Hospital of San Bernardino</td>
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<tr>
<td>Northridge Hospital Medical Center</td>
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<tr>
<td>Palmdale Regional Medical Center</td>
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<tr>
<td>Loma Linda University Medical Center - Murrieta</td>
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<tr>
<td>Corona Regional Medical Center</td>
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<tr>
<td>Adventist Health Hanford Community Medical Center</td>
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<td>Memorial Hospital Los Banos</td>
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<td>Temecula Valley Hospital</td>
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<td>St. Rose Dominican Hospital - Rose de Lima</td>
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<td>St. Rose Dominican Hospitals - San Martin Campus</td>
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<tr>
<td>St. Rose Dominican Hospital - Siena Campus</td>
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<td>Ventura County Medical Center</td>
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<td>Santa Barbara Cottage Hospital</td>
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<td>Santa Ynez Valley Cottage Hospital</td>
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<td>Lompoc Valley Medical Center</td>
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<tr>
<td>Watsonville Community Hospital</td>
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<td>Twin Cities Community Hospital</td>
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<td>Hazel Hawkins Memorial Hospital</td>
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<td>Arrowhead Regional Medical Center</td>
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<td>Adventist Health Feather River</td>
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<td>Glendale Adventist Medical Center</td>
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<tr>
<td>Glendale Memorial Hospital and Health Center</td>
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<td>Glendale Memorial Hospital and Health Center</td>
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<tr>
<td>Riverside Community Hospital</td>
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<tr>
<td>Emanate Health Inter-Comm Campus</td>
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<tr>
<td>Queen of the Valley Hospital (West Covina)</td>
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<tr>
<td>Huntington Memorial Hospital, Pasadena</td>
</tr>
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</table>
Date: July 28, 2021
To: Palomar Health Board of Directors – August 9, 2021 Meeting
From: Edward M. Gurrola II, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credential Recommendations – July, 2021

Provisional Appointments: (08/09/2021 – 07/31/2023)
Angela Forbes, D.O., Anesthesiology
Cole Nelson, M.D., Emergency Medicine
Lauren Van Woy, D.O., Emergency Medicine

Biennial Reappointments: (09/01/2021 - 08/31/2023)
Jeannette Aldous, M.D., Infectious Disease, Active (Includes The Villas at Poway)
Julie Berry, M.D., Otolaryngology, Courtesy
Bruce Biederman, M.D., Diagnostic Radiology, Active
Bradley Chesler, M.D., Physical Medicine & Rehab, Affiliate
Larry Chiang, M.D., Internal Medicine, Consulting (Includes The Villas at Poway)
Bassem Georgy, M.D., Diagnostic Radiology, Courtesy
Antoine Hallak, M.D., Plastic Surgery, Active (Includes The Villas at Poway)
Michael Hanna, M.D., Internal Medicine, Active
Benjamin Illum, M.D., Critical Care Medicine, Active
Brian Keefer, M.D., Anesthesiology, Active
Hyun Sil Kim, M.D., Gastroenterology, Active
Joel Lamon, M.D., Hematology/Oncology, Active
Margaret Lee, M.D., Diagnostic Radiology, Active
Paul Neustein, M.D., Urology, Active (Includes The Villas at Poway)
Sabina Pasha, M.D., Internal Medicine, Active (Includes The Villas at Poway)
Ori Raz, M.D., Anesthesiology, Active
Malini Reddy, M.D., Anesthesiology, Active
Elizabeth Salada, M.D., Internal Medicine, Affiliate
Richard Song, M.D., Neonatology, Courtesy
Neil Tomaneng, M.D., Emergency Medicine, Active

Reappointment Effective 09/01/2021 – 11/30/2021:
Roger Schechter, M.D., Wound Care, Active (Includes The Villas at Poway)

Advancement to Affiliate Category:
Carter Sigmon, M.D., Pain Medicine, effective 08/09/2021-06/30/2022

Continues
Request for Additional Privileges:
Rachit Patel, M.D., Psychiatry – Continuing Care Privileges (The Villas at Poway) effective 08/09/2021 – 06/30/2023

Requests for 2 Year Leave of Absence:
Thaidra Gaufin, M.D., Infectious Disease, effective 07/08/2021 – 06/30/2023
Bing Pao, M.D., Emergency Medicine, effective 08/08/2021 – 07/31/2023

Voluntary Resignations:
Kevin Daly, M.D., Emergency Medicine, effective 07/19/2021 (per his request)
Ryan Johnston, D.O., Internal Medicine, effective 08/31/2021 (failure to submit reappointment application)
Anoop Karippot, M.D., Psychiatry, effective 07/14/2021 (expiration of LOA)
Elizabeth Landry, M.D., Anesthesiology, effective 07/21/2021 (moving out of state)

Allied Health Professional Reappointments: (09/01/2021 – 08/31/2023)
Christina Dinnall, NNP, Sponsor Dr. Golembeski
George Maldonado, NNP, Sponsor Dr. Golembeski
David Tweedy, PhD, Psychology

Allied Health Professional Request for Reinstatement:
Melissa Liggins, NNP, Sponsor Dr. Golembeski, effective 08/09/2021 – 07/31/2023

PALOMAR MEDICAL CENTER POWAY: Certification by and Recommendation of Chief of Staff: As Chief of Staff of Palomar Medical Center Poway, I certify that the procedures described in the Medical Staff Bylaws for appointment, reappointment, or alternation of staff membership or the granting of privileges and the policy of the Palomar Health's Board of Directors regarding such practices have been properly followed. I recommend that the Board of Directors take the action requested in each case.
PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF RADIOLOGY RULES AND REGULATIONS

Adopted by the Active Members of the Department on

_______, 2021

Adopted by the Executive Committee on
August 27, 2018

Approved by the Board of Directors on
October 8, 2018
ARTICLE I
PURPOSE

The Department of Radiology shall consist of those Members of the Medical Staff whose practice is limited to interventional or diagnostic radiology and/or radiation oncology. The professional activities of the department shall generally be construed to embrace the professional supervisory and performance of the diagnostic imaging and/or interventional and radiation therapy procedures conducted in the Hospital or other satellite imaging facilities governed by the Hospital.

ARTICLE II
ORGANIZATION

2.1 By action of the Board of Directors of Palomar Health, a Department of Radiology is established under Article IX of the Palomar Medical Center Escondido and Palomar Medical Center Poway Medical Staff Bylaws, Section 9.2

2.2 The Department is composed of those practitioners who specialize primarily in the practice of Radiology.

2.3 The Department of Radiology shall consist of a Chair, Chair Elect, and members who are categorized according to the Medical Staff(s) Bylaws, Article IV.

ARTICLE III
DEFINITIONS

3.1 DIAGNOSTIC RADIOLOGY
Diagnostic radiology is a medical specialty concerned with the use of imaging techniques for the study, diagnosis and facilitation of treatment of disease.

3.2 RADIATION ONCOLOGY
Radiation oncology is that branch of radiology which deals with the therapeutic application of ionizing radiation including roentgen and gamma rays as well as particulate radiation from whatever source including artificially produced and naturally occurring radioactive materials as well as x-ray generators and particle accelerators.

3.3 INTERVENTIONAL RADIOLOGY
Interventional radiology is a therapeutic and diagnostic specialty that comprises a wide range of invasive image guided therapeutic procedures.

ARTICLE IV
PURPOSES

The purposes of the department shall be:

4.1 To assure that all patients admitted to the Hospital or treated in the outpatient department receive the best possible radiological services.

4.2 To provide a chairman who will be responsible for problems of a medical-administrative nature involving the Medical Staff and the Hospital administration.

4.3 To initiate and maintain rules and regulations for proper and efficient functioning of the Department of Radiology and oversight of the radiological and nuclear medicine staff.

4.4 To promote and maintain educational standards.

4.5 To participate in medical care peer review through representation on the Medical Staff Peer Review Committee (MSPRC.)
4.6 To conduct annual or as needed review of procedures, utilization, radiation safety and other matters relating to optimal patient care and so document.

4.7 To aid in the supervision of the technical and support personnel and to maintain quality control in the Department.

ARTICLE V
MEMBERSHIP

5.1 QUALIFICATIONS

5.1.1 Compliance with the Medical Staff qualifications in accordance with the Medical Staff Bylaws, Rules and Regulations.

5.1.2 Certification by the American Board of Radiology or equivalent certifying body, or have training and experience at least equal to that required in order to apply for board certification.

5.2 RESPONSIBILITIES

5.2.1 Participation in departmental business, committees and duties assigned by the Department Chairman in accordance with the Medical Staff Bylaws, Rules and Regulations and Department rules and regulations.

5.2.2 Minimum attendance by active Members of at least twenty-five percent (25%) of the department meetings. Noncompliance with the 25% attendance requirement is subject to sanctions outlined in the Medical Staff Bylaws.

5.2.3 Compliance with the Medical Staff Bylaws, Rules and Regulations and Department of Radiology Rules and Regulations and applicable hospital policies and procedures.

5.2.4 Compliance with the Expectations of Physicians Granted privileges at Palomar Health.

5.2.5 Participation in performance improvement activities as defined by the Medical Staff Peer Review Policy and the Palomar Health Performance Improvement Plan.

ARTICLE VI
PRIVILEGES

6.1 PREREQUISITE FOR PRIVILEGES

Privileges in the active or courtesy categories for services that are performed under exclusive contract in the Department, may be granted to radiologists who meet the qualifications for membership specified in the Medical Staff Bylaws; are affiliated with or under a subcontract with a group holding an active service contract with Palomar Health for such services; and who meet the criteria for specific privileges as defined on the Radiology clinical privilege checklist. Teleradiologists and Radiation Oncologists who are not affiliated with or under subcontract with a group holding an active service contract in the Department may be appointed to the Consulting staff provided they meet the qualifications as specified above.

6.2 APPLICATION FOR MEMBERSHIP AND PRIVILEGES

6.2.1 Privileges in radiology are granted to members of the department only upon recommendation of the Department of Radiology.
6.2.2 Each applicant must complete forms designating the privileges requested. Upon receipt of these forms with supporting documentation and a complete application from the Credentials Committee, the Department of Radiology may meet with the applicant.

6.2.3 The department shall examine the evidence of the character, professional competence, qualifications, and ethical standing of the applicant, and shall determine, through information obtained from references, and from other sources available to the department whether the applicant has established and meets all of the necessary qualifications for the clinical privileges requested. The department shall provide the specific, written recommendation for delineating the applicant’s clinical privileges, and this recommendation will be made a part of the report that shall be transmitted to the Executive Committee.

6.2.4 Biennial reappointment will be in accordance with the Medical Staff Bylaws.

6.3 MONITORING

6.3.1 A period of focused professional practice evaluation is implemented for all initially requested privileges. The specific mechanism for this evaluation is defined on the applicable specialty-specific privilege checklist. A period of focused review may also be implemented based on the results of ongoing professional practice evaluation as defined in the Medical Staff Peer Review Policy. Each applicant for privileges shall undergo a uniform monitoring process conducted by the Chairman and his appointees, to be completed before advancement from provisional category. No less than ten procedures will be monitored.

6.3.2 A confidential monitoring report shall be completed by the monitoring physician and submitted to the Medical Staff Services Office.

6.3.3 Monitors have the power and responsibility to interdict procedures or therapy, which they deem dangerous or contra-indicated pending evaluation by the Department Chairman or the Chief of Staff.

6.3.4 Cases may be monitored at either Palomar Medical Center Escondido or Palomar Medical Center Poway. The monitor must have privileges and be in good standing at the same site as the physician being monitored, and their monitoring must be complete.

6.3.5 After monitoring reports have been filed with the Medical Staff Services Office, the Chair of the Department of Radiology shall review them and recommend discontinuation or continuation of monitoring.

ARTICLE VII
OFFICERS AND DUTIES

7.1 CHAIRMAN AND CHAIRMAN-ELECT

7.1.1 The Department Chairman and the Chairman-Elect shall be elected by the voting members of the Department at least thirty (30) days prior to the annual staff meeting. Terms of office shall be for two (2) years.

7.1.2 The Department Chairman and Chairman-Elect shall be certified by the American Board of Radiology.

7.2 DUTIES
The Chairman-Elect shall assume the duties and have authority of the Chairman in the absence of the Chairman. Both the Chairman and the Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations, as well as the following duties:

7.2.1 Assume and discharge responsibility for the professional direction of the Department under the Medical Staff Bylaws, Rules and Regulations, and for the administrative direction in cooperation with the administration.

7.2.2 Assist the Medical Staff and administration in every way possible to achieve a high level of patient service with efficiency and economy.

7.2.3 Be responsible, in conjunction with the Radiation Safety Officer, for the protection of personnel and patients against radiation hazards and the maintenance of proper safety precautions as required by the Joint Commission, as well as assisting in meeting other requirements for accreditation of the Department as may be required by law.

7.2.4 Be actively involved in the future planning of the Department and the Hospital, and assume the responsibility of being adequately informed in the matters of new technology and treatment to advise the intra-hospital bodies of the needs and responsibilities of the medical community which the Hospital serves, commensurate with the financial impact of the community.

7.2.5 Foster appropriate cost effective use of radiological services. This may be done through the development of general guidelines for: identification of the more expensive procedures performed in the institution, algorithmic approaches to clinical problems, list of indications and non-indications for proper sequencing of procedures considered to be bona fide emergencies in order to limit unnecessary use of on-call personnel, and the use of facilities during understaffed period.

7.3 RADIATION SAFETY OFFICER

7.3.1 There shall be a Health System Radiation Safety Officer as required by Title 17. The Radiation Safety Officer will be an approved staff member under the guidance of the Materials License Regulations of State and Federal Law.

7.3.2 Duties of the Radiation Safety Officer include:

a. Develop rules, regulations and directions for radiation control in the hospitals, subject to the approval of the Radiation Safety and Nuclear Medicine Committee.

b. Prepare specific manuals and other written documents related to radiation safety.

c. Minimize unnecessary human exposure to radiation and control the release of radioactivity into the environment.

d. Enforce Radiation Safety and Nuclear Medicine Committee policies and state agency regulations.

e. Maintain various records required by the radioactive material license and/or other applicable state and federal regulations and laws.

f. Evaluate the results of the program and periodically report to the Radiation Safety and Nuclear Medicine Committee.

g. Evaluate the adequacy of shielding of the radiographic linear accelerator and other facilities with radiation producing equipment.

h. Evaluate periodic calibration and performance of linear accelerators, diagnostic x-ray machines and other radiation producing equipment.
7.4 RADIATION ONCOLOGY PHYSICIST

7.4.1 Duties of the Oncology Physicist
   a. Evaluate the adequacy of shielding of the radiographic linear accelerator and other facilities with radiation producing equipment.
   b. Evaluate periodic calibration and performance of linear accelerators, diagnostic x-ray machines and other radiation producing equipment.

ARTICLE VIII
DEPARTMENT COMMITTEES

The Department shall maintain standing committees as it deems necessary. This may include, but is not limited to the following:

8.1 RADIATION SAFETY AND NUCLEAR MEDICINE COMMITTEE

8.1.1 Composition: The Radiation Safety and Nuclear Medicine Committee shall serve as a multidisciplinary joint subcommittee of the Department of Radiology of Palomar Medical Center Escondido and Palomar Medical Center Poway. The committee shall consist of the Radiation Safety Officers of Palomar Health, at least one (1) physician specializing in radiation oncology, and a representative from the administration of each hospital. The chairman will be the Radiation Safety Officer a radiologist or radiation oncologist and will be selected jointly by the Department of Radiology of both hospitals.

8.1.2 Duties: The duties of the Radiation Safety and Nuclear Medicine Committee shall include:
   a. Developing, establishing and enforcing radiation safety rules and policies of the hospitals to include the use, transport, storage and disposal of radioactive materials used in nuclear medicine procedures, and to assure compliance of the hospitals with state and federal law.
   b. Assuring the provision of radiation safety training suitable to the needs of the hospitals, and to evaluate the individuals working with radioactive materials, x-ray machines and other radiation sources.
   c. Maintaining a current file of the federal, state and county radiation safety regulations at each hospital.
   d. Maintaining records of committee action.
   e. Formulating radiation disaster and emergency procedures and administrative controls as necessary to advise the committee with the responsibility for disaster preparedness on matters relating to radiation safety and radiation disaster situations.
   f. Reviewing the training and experience of any individual who uses radioactive material (including physicians, technologists, physicists, and pharmacists, to determine that their qualifications are sufficient to enable them to perform their duties safely and in accordance with the regulations and conditions of the radioactive materials licenses of the hospitals and/or other applicable state and federal regulations and laws.
   g. Reviewing and approving all requests for use of radioactive material within the institutions.
   h. Establishing rules and guide nursing and other individuals who are in contact with patients receiving therapeutic amounts of unsealed radionuclides, rules relating to the discharge of such patients; and rules to protect personnel involved when such patients undergo surgical procedures or autopsy.
Palomar Medical Center Escondido
Department of Radiology
Rules and Regulations
Page 6

i. Reviewing the entire radiation safety program at least annually to determine that all activities are being conducted safely and in accordance with the Nuclear Regulatory Commission regulations and the conditions of the license. The review shall include an examination of all records, reports from the radiation safety officers, results of Nuclear Regulatory Commission inspections, written procedures and management control system.

j. Advising the Safety Committees of the hospitals on matters relating to radiation safety.

k. Recommending remedial action to correct any deficiencies identified in the radiation safety program.

8.1.3 Meetings: The Radiation Safety and Nuclear Medicine Committee shall meet as often as necessary to conduct its business but not less than once in each calendar quarter. To establish a quorum, at least one half of the committee membership must be present, including the Radiation Safety Officer. The Radiation Safety and Nuclear Medicine Committee reports to the Department of Radiology at Palomar Medical Center Escondido and Palomar Medical Center Poway.

IX
DEPARTMENT SERVICES

9.1 The Department shall provide twenty-four (24) hour coverage for performance of imaging studies. The administration shall be responsible for providing an adequate number of qualified personnel to perform radiological services and to provide adequate equipment and personnel to insure proper functioning of the department as concerns providing adequate diagnostic, interventional and PACS support services.

9.2 A radiologist shall be available for consultation at all times, when not in the hospital, under the same guidelines in the Medical Staff Bylaws, Rules and Regulations.

ARTICLE X
APPROVAL

10.1 These rules and regulations will be adopted by two-thirds (2/3) vote of a majority of the active Members of the Department and will be submitted to the Executive Committee and Board of Directors for approval.
DEPARTMENT OF RADIOLOGY RULES AND REGULATIONS

Adopted by the Active Members of the Department on
July 13, 2021

Adopted by the Executive Committee on
July 26, 2021

Approved by the Board of Directors on
August 9, 2021
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7.2.2 Assist the Medical Staff and administration in every way possible to achieve a high level of patient service with efficiency and economy.

7.2.3 Be responsible, in conjunction with the Radiation Safety Officer, for the protection of personnel and patients against radiation hazards and the maintenance of proper safety precautions as required by the Joint Commission, as well as assisting in meeting other requirements for accreditation of the Department as may be required by law.

7.2.4 Be actively involved in the future planning of the Department and the Hospital, and assume the responsibility of being adequately informed in the matters of new technology and treatment to advise the intra-hospital bodies of the needs and responsibilities of the medical community which the Hospital serves, commensurate with the financial impact of the community.

7.2.5 Foster appropriate cost effective use of radiological services. This may be done through the development of general guidelines for: identification of the more expensive procedures performed in the institution, algorithmic approaches to clinical problems, list of indications and non-indications for proper sequencing of procedures considered to be bona fide emergencies in order to limit unnecessary use of on-call personnel, and the use of facilities during understaffed period.

7.3 RADIATION SAFETY OFFICER

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7.3.2 Duties of the Radiation Safety Officer include:

a. Develop rules, regulations and directions for radiation control in the hospitals, subject to the approval of the Radiation Safety and Nuclear Medicine Committee.

b. Prepare specific manuals and other written documents related to radiation safety.

c. Minimize unnecessary human exposure to radiation and control the release of radioactivity into the environment.

d. Enforce Radiation Safety and Nuclear Medicine Committee policies and state agency regulations.

e. Maintain various records required by the radioactive material license and/or other applicable state and federal regulations and laws.

f. Evaluate the results of the program and periodically report to the Radiation Safety and Nuclear Medicine Committee.

g. Evaluate the adequacy of shielding of the radiographic linear accelerator and other facilities with radiation producing equipment.

h. Evaluate periodic calibration and performance of linear accelerators, diagnostic x-ray machines and other radiation producing equipment.
7.4 RADIATION ONCOLOGY PHYSICIST

7.4.1 Duties of the Oncology Physicist
    a. Evaluate the adequacy of shielding of the radiographic linear accelerator and other facilities with radiation producing equipment.
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ARTICLE VIII
DEPARTMENT COMMITTEES

The Department shall maintain standing committees as it deems necessary. This may include, but is not limited to the following:

8.1 RADIATION SAFETY AND NUCLEAR MEDICINE COMMITTEE

8.1.1 Composition: The Radiation Safety and Nuclear Medicine Committee shall serve as a multidisciplinary joint subcommittee of the Department of Radiology of Palomar Medical Center Escondido and Palomar Medical Center Poway. The committee shall consist of the Radiation Safety Officers of Palomar Health, at least one (1) physician specializing in radiation oncology, and a representative from the administration of each hospital. The chairman will be the Radiation Safety Officer a radiologist or radiation oncologist and will be selected jointly by the Department of Radiology of both hospitals.

8.1.2 Duties: The duties of the Radiation Safety and Nuclear Medicine Committee shall include:
    a. Developing, establishing and enforcing radiation safety rules and policies of the hospitals to include the use, transport, storage and disposal of radioactive materials used in nuclear medicine procedures, and to assure compliance of the hospitals with state and federal law.
    b. Assuring the provision of radiation safety training suitable to the needs of the hospitals, and to evaluate the individuals working with radioactive materials, x-ray machines and other radiation sources.
    c. Maintaining a current file of the federal, state and county radiation safety regulations at each hospital.
    d. Maintaining records of committee action.
    e. Formulating radiation disaster and emergency procedures and administrative controls as necessary to advise the committee with the responsibility for disaster preparedness on matters relating to radiation safety and radiation disaster situations.
    f. Reviewing the training and experience of any individual who uses radioactive material (including physicians, technologists, physicists, and pharmacists, to determine that their qualifications are sufficient to enable them to perform their duties safely and in accordance with the regulations and conditions of the radioactive materials licenses of the hospitals and/or other applicable state and federal regulations and laws.
    g. Reviewing and approving all requests for use of radioactive material within the institutions.
    h. Establishing rules and guide nursing and other individuals who are in contact with patients receiving therapeutic amounts of unsealed radionuclides, rules relating to the discharge of such patients; and rules to protect personnel involved when such patients undergo surgical procedures or autopsy.
i. Reviewing the entire radiation safety program at least annually to determine that all activities are being conducted safely and in accordance with the nuclear Regulatory Commission regulations and the conditions of the license. The review shall include an examination of all records, reports from the radiation safety officers, results of Nuclear Regulatory Commission inspections, written procedures and management control system.

j. Advising the Safety Committees of the hospitals on matters relating to radiation safety.

k. Recommending remedial action to correct any deficiencies identified in the radiation safety program.

8.1.3 **Meetings:** The Radiation Safety and Nuclear Medicine Committee shall meet as often as necessary to conduct its business but not less than once in each calendar quarter. To establish a quorum, at least one half of the committee membership must be present, including the Radiation Safety Officer. The Radiation Safety and Nuclear Medicine Committee reports to the Department of Radiology at Palomar Medical Center Escondido and Palomar Medical Center Poway.

IX
DEPARTMENT SERVICES

9.1 The Department shall provide twenty-four (24) hour coverage for performance of imaging studies. The administration shall be responsible for providing an adequate number of qualified personnel to perform radiological services and to provide adequate equipment and personnel to insure proper functioning of the department as concerns providing adequate diagnostic, interventional and PACS support services.

9.2 A radiologist shall be available for consultation at all times, when not in the hospital, under the same guidelines in the Medical Staff Bylaws, Rules and Regulations.

ARTICLE X
APPROVAL

10.1 These rules and regulations will be adopted by two-thirds (2/3) vote of a majority of the active Members of the Department and will be submitted to the Executive Committee and Board of Directors for approval.
PSYCHIATRY CLINICAL PRIVILEGES

Name: _______________________________  Page 1

Effective From ____/____/______ To ____/____/______

☐ Palomar Medical Center Escondido
☐ Pomerado Hospital Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

**Applicant**: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair/Clinical Service Division Director**: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Requirements**

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR GENERAL PSYCHIATRY**

**To be eligible to apply for core privileges in general psychiatry, the initial applicant must meet the following criteria:**

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in psychiatry.

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or another board with equivalent requirements.

**Required Previous Experience**: Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least 30 patients during the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

**Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines**: Monitoring includes all phases of a patient’s hospitalization (admission, management, discharge, etc.) Six (6) inpatient admissions or consults performed in hospital or post discharge will be reviewed.

**Reappointment Requirements**: To be eligible to renew core privileges in general psychiatry or Psychiatric Telemedicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (60 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
PSYCHIATRY CLINICAL PRIVILEGES

Name: ____________________________

Effective From ____/____/______ To ____/____/______

CORE PRIVILEGES

GENERAL PSYCHIATRY CORE PRIVILEGES

☐ Requested Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with mental, behavioral, addictive or emotional disorders, e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral or emotional disorders, pharmacotherapy, psychotherapy, family therapy, and emergency psychiatry as well as the ordering of diagnostic, laboratory tests, and prescribe medications. Includes the performance of a history and physical exam including mental status examination. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

PSYCHIATRIC TELEMEDICINE CORE PRIVILEGES

☐ Requested Evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with mental, behavioral, addictive or emotional disorders, e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral or emotional disorders, pharmacotherapy, psychotherapy, family therapy, and emergency psychiatry as well as the ordering of diagnostic, laboratory tests, and prescribe medications. Includes the performance of a history and mental status examination. May provide care to patients in the Crisis Stabilization Unit, the BHU, inpatient floors and the Emergency Room. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. A telepsychiatry visit shall be sufficient to satisfy emergent visit requests by medical staff.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ Requested Villa Pomerado—The Villas of Poway

Approved by PMCE MEC
Approved by PMCP MEC
Approved by Dept. of Psychiatry: 06/03/2021
PSYCHIATRY CLINICAL PRIVILEGES

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

ELECTROCONVULSIVE THERAPY (ECT)

**Criteria:** Completed a residency in psychiatry from an accredited institution that included training in ECT. If the residency training did not include training in Electroconvulsive Therapy, evidence of successfully completing an academic course in the administration of Electroconvulsive Therapy or the completion of an accredited workshop by the American Psychiatric Association designed to adequately prepare the physician to administer Electroconvulsive Therapy. **Required Previous Experience:** Demonstrated current competence and performance of 12 treatment sessions in the past 12 months. **FPPE:** Each physician will be required to perform five (5) monitored treatment sessions if previously privileged for Electroconvulsive Therapy. If not privileged elsewhere, ten (10) treatment sessions will be monitored. **Maintenance of Privilege:** Demonstrated current competence and evidence of the provision of at least 24 ECT treatments during the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐—Requested
PSYCHIATRY CLINICAL PRIVILEGES

Name: ________________________________

Effective From ___/___/____ To ___/___/____

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Palomar Health, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed ________________________________ Date _____________
PSYCHIATRY CLINICAL PRIVILEGES

Name: ____________________________________________

Effective From ____/____/______ To ____/____/______

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair/Clinical Service Division Director: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

• Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.

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Required Previous Experience: Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least 30 patients during the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE)/Monitoring guidelines: Monitoring includes all phases of a patient’s hospitalization (admission, management, discharge, etc.) Six (6) inpatient admissions or consults performed in hospital or post discharge will be reviewed.

Reappointment Requirements: To be eligible to renew core privileges in general psychiatry or Psychiatric Telemedicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (60 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Approved by PMCE MEC 7/26/2021
Approved by PMCP MEC 7/27/2021
Approved by Dept. of Psychiatry: 06/03/2021
PSYCHIATRY CLINICAL PRIVILEGES

Name: ____________________________________________

Effective From _____/____/_______ To _____/____/_______

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☐  Requested  The Villas at Poway
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If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

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b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed_________________________________________  Date__________________
Forensic Health Services

Michelle Shores, RN, MSN, MBA-HC, CEN, SANE-A, SANE-P
Director of Forensic Health Services | August 9, 2021
Program Overview

• Forensic Medical Evidentiary Exams 24/7/365
  – Sexual Assault
  – Domestic Violence
  – Elder Abuse
  – Human Trafficking
  – Gang Violence

• Child Advocacy Center (CAC)
  – Forensic Interviews
  – Case Coordination/Advocacy (CAP)
  – Onsite Child Trauma Therapy (CAP)
  – Only North County Human Trafficking “Soft Room” Option
  – Community Education/Expert Witness Testimony

• Trauma Recovery Center (TRC)
  – No Cost Clinical Therapy and Case Coordination for trauma victims

https://vimeo.com/263000974

https://www.nationalchildrensalliance.org/media-room/nca-digital-media-kit/fact-sheet/#:~:text=Types%20of%20NCA%20Members%20FNCA,on%20cases%20of%20child%20abuse
Locations

• These services are currently provided at:
  – Palomar Health Poway
  – Vista (Temporary Location)
  – San Diego Downtown Family Justice Center
  – Santee Sheriff Station
  – After hours/weekends/holidays Acute pediatric exams at Rady Children’s Hospital
  – UCSD Student Health In an emergency situation, authorized by law enforcement, exams may be performed at offsite facilities such as, hospitals, skilled nursing facilities, police and sheriff departments, morgues, or alternate offsite exams.

https://vimeo.com/527610123/8808410d83
Department Updates

• 2020
  – Palomar Health Response to Sexual Assault Published in Journal of Emergency Medicine
  – Published Nationally Recognized Workbook on Strangulation
  – Added on-site trauma therapy for children and families

• 2021
  – Added New Child Trauma Therapy Program (AT)
  – Added Specialty Case Coordination
    • Human Trafficking
    • Military
  – Specialty Human Trafficking Forensic Interviews
  – Updated Child Victim Witness Protocol
  – Received National Re-Accreditation for Child Advocacy Center
What is Next-

Palomar Health Trauma Recovery Center (TRC)

- First Adult Trauma Recovery Center in San Diego County
  - Psychologist leads Short Term Trauma Based Psychotherapy team
  - Physiatrist provides assessment of brain injury with referral to outpatient rehabilitation
  - Case Coordination
  - Neuropsychology
  - Trauma Advocate Peer Program
Program Growth 2014-2020

- In 2014, total served 241 (North County Inland only)
- In 2020, total served 1408 (expanded to serve entire County)
- Partnerships include:
  - District Attorney
  - Law Enforcement
  - Chadwick Center/Rady’s
  - North County Lifeline
  - National Children’s Alliance
Sexual Assault Victim Totals

- **White/Caucasian**: 53.80%
- **Black/African American**: 6.40%
- **Hispanic/Latino**: 35.40%
- **Asian/Island Pacific**: 1.90%
- **Indian/Alaskan Native**: 0.10%
- **Other**: 2.20%
- **Undisclosed**: 0.00%

**2020**
Child Abuse Victim Totals

- Hispanic/Latino: 54%
- White/Caucasian: 31%
- Black/African American: 6%
- Undisclosed: 0%

Gender:
- Male: 30%
- Female: 70%

Age:
- 7 to 12: 49%
- 13-17: 17%
- 0-6: 32%
Domestic Violence Victim Totals

2020

- Hispanic/Latino: 49.81%
- White/Caucasian: 39.71%
- Black/African American: 7.38%
- Other: 1.44%
- Undisclosed: 0.00%
- Indian/Alaskan Native: 0.36%
- Asian/Island Pacific: 1.08%

2020

- Female: 88%
- Male: 12%
- Other: 0%

2020

- 0-12: 0%
- 12 to 17: 2%
- 18-24: 32%
- 25-59: 66%
- 60+: 1%
Why We Strive to Get it Right

https://flic.kr/s/aHsmdS9ca5

https://www.flickr.com/photos/153611942@N07/41354745512/in/album-72157692413154682/
ADDENDUM C
Policy: Public Comments and Attendance at Public Board Meetings

I. PURPOSE:
A. It is the intention of the Palomar Health Board of Directors to hear public comment about any topic that is under its subject matter jurisdiction. This policy is intended to provide guidelines in the interest of conducting orderly, open public meetings while ensuring that the public is afforded ample opportunity to attend and to address the board at any meetings of the whole board or board committees.

II. DEFINITIONS:

III. TEXT / STANDARDS OF PRACTICE:
A. There will be two time periods allotted for public comment at the start of the meeting and at the end of the meeting prior to adjournment. Members of the public who wish to address the Board are asked to complete a Request for Public Comment form and submit it to the Board Assistant prior to or during the meeting. The information requested shall be limited to name, address, phone number and subject. However, the requesting member of the public shall submit the requested information voluntarily. It will not be a condition of speaking at the Board during the public comment period.

B. Should Board action be requested, it is encouraged that the member of the public requesting such action include the request on the Request for Public Comment form. However, the Board may not take action on any item not appearing on the agenda unless the action is otherwise authorized by Government Code Section 54954.2. Any member of the public who wishes to address the Board during the public comment period is encouraged to submit written remarks to the Board prior to the meeting.

C. The subject matter of any public comment by a member of the public addressing the Board must be germane to Palomar Health’s jurisdiction.

D. Based solely on the number of speaking requests, the Board Chairperson, or Committee Chairperson for standing committee meetings, shall set the time allowed for each speaker prior to the public comments section of the meeting, but usually will not exceed five (5) minutes per speaker, and cumulative total of fifteen (15) minutes per topic public comment period. The Board Chairperson, or Committee Chairperson for standing committee meetings, shall provide at least twice the time allowed to a member of the public who utilizes a translator to ensure non-English speakers receive the same opportunity to directly address the Palomar Health Board during the public comment period.

E. Questions or comments will be entertained during the “Public Comments” section on the agenda. All public comments will be limited to the designated time periods, including at all board meetings, committee meetings and board workshops.

F. For in-person meetings, all voting and non-voting members of a Board standing committee will be seated at the table. Name placards will be created as placeholders for those seats for Board members, committee members, staff, and scribes. Any other attendees, staff, or public, are welcome to sit at seats that do not have name placards, as well as on any other chairs in the room. For in-person Palomar Health Board meetings, members of the public will sit in a seating area designated for the public.

G. In the event of a disturbance that is sufficient to impede the proceedings, all persons may be excluded with the exception of newspaper personnel who were not involved in the disturbance in question.

H. The public shall be afforded those rights listed below in accordance with applicable law: (Government Code Section 54953 and 54954).
   1. To receive appropriate notice of meetings;
   2. To attend with no pre-conditions to attendance;
   3. To testify directly address the Palomar Health Board within reasonable limits prior to consideration of the subject in question;
4. To know the result of the vote of the Board on any ballots cast and taken;
5. To broadcast or record proceedings (conditional on lack of disruption to meeting);
6. To review recordings of meetings made at the direction of Palomar Health within thirty (30) days of recording. (recordings of meetings made at the direction of Palomar Health shall be erased or destroyed thirty (30) days after the recording pursuant to Government Code Section 54953.5(b)); minutes to be Board approved before release;
7. To publicly criticize Palomar Health or the Board; and
8. To review without delay agendas of all public meetings and any other writings distributed at open sessions of the meeting.

I. This policy will be reviewed and updated as required or at least every three years.

IV. ADDENDUM:
Original Document Date: 2/94
Reviewed: 8/95; 1/99; 9/05
Revision Number: 1 Dated: 9/20/05
Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21790.
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B. Should Board action be requested, it is encouraged that the member of the public include the request on the Request for Public Comment form as well. However, the Board may not take action on any item not appearing on the agenda unless the action is otherwise authorized by Government Code Section 54954.2. Members of the public who address the Board during the public comment period are encouraged to submit written copies of their remarks to the Board.
C. The subject matter of any public comment by a member of the public addressing the Board must be germane to Palomar Health's jurisdiction.
D. Based solely on the number of speaking requests, the Board Chairperson, or Committee Chairperson for standing committee meetings, will set the time allowed for each speaker prior to the public comments section of the meeting, but usually will not exceed five (5) minutes per speaker and thirty (30) minutes per public comment period. The Board Chairperson, or Committee Chairperson for standing committee meetings, shall provide at least twice the time allowed to a member of the public who utilizes a translator to ensure non-English speakers receive the same opportunity to directly address the Palomar Health Board during the public comment period.
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F. For in-person meetings, all voting and non-voting members of a Board standing committee will be seated at the table. Name placards will be created as placeholders for those seats for Board members, committee members, staff, and scribes. Any other attendees, staff or public, are welcome to sit at seats that do not have name placards, as well as on any other chairs in the room. For in-person Palomar Health Board meetings, members of the public will sit in a seating area designated for the public.
G. In the event of a disturbance that is sufficient to impede the proceedings, all persons may be excluded with the exception of newspaper personnel who were not involved in the disturbance in question.
H. The public shall be afforded those rights listed below in accordance with applicable law:
   1. To receive appropriate notice of meetings;
   2. To attend with no pre-conditions to attendance;
   3. To directly address the Palomar Health Board within reasonable limits prior to consideration of the subject in question;
   4. To know the result of the vote of the Board on any action taken;
   5. To broadcast or record proceedings (conditional on lack of disruption to meeting);
   6. To review recordings of meetings made at the direction of Palomar Health within thirty (30) days of recording (recordings of meetings made at the direction of Palomar Health shall be erased or destroyed thirty (30) days after the recording pursuant to Government Code Section 54953.5(b));
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I. This policy will be reviewed and updated as required or at least every three years.

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Original Document Date: 2/94
Reviewed: 8/95; 1/99; 9/05
Revision Number: 1 Dated: 9/20/05
Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21790.
Authorized Persons and Enabling Resolutions for Municipalities and Certain Other Unincorporated Entities for DVP Accounts*

In consideration of Morgan Stanley Smith Barney LLC ("Morgan Stanley") opening and maintaining one or more DVP Accounts for the entity named below, I, the undersigned, hereby certify and agree as follows:

1. General Information
A. The full legal name of the entity (the "Client"); to which this document applies is:

   PALOMAR HEALTH
   NAME OF ENTITY

B. Is the entity a not-for-profit entity?  ☐ Yes ☑ No

C. Type of Organization:
   ☑ Municipality/ Government Entity  ☐ Union/ Trade Association  ☐ Condo/ Homeowners' Association
   ☐ Educational Institution         ☐ Charitable/ Religious Organization ☐ Native American Tribe/ Tribally Chartered Entity
   ☐ Private Foundation/ Foundation ☐ Business Trust  ☐ Other ____________________________
   DESCRIBE

2. Authorized Persons
Morgan Stanley is hereby authorized to accept investment instructions and other instructions from the officers of the Client and/or other individuals listed below ("Authorized Persons"). This authority includes, but is not limited to, the authority to make distributions (e.g., of cash or securities) and transfers to anyone, including the undersigned officers and/or other individuals.

If Morgan Stanley receives conflicting instructions from different Authorized Persons, or reasonably believes instructions from one Authorized Person might conflict with the wishes of another Authorized Person, Morgan Stanley may do any of the following: (a) choose which instructions to follow and which to disregard; (b) suspend all activity in the DVP Account until written instructions signed by all Authorized Persons are received; (c) close the DVP Account and deliver all securities and other property, net of debits or liabilities, to the address of record; and/or (d) take such other legal action deemed necessary to protect the interests of Morgan Stanley.

(ALL AUTHORIZED PERSONS MUST COMPLETE THIS SECTION, EVEN IF ALSO SIGNING ON BEHALF OF THE CLIENT AT THE END OF THIS DOCUMENT.)

Diane Hansen
NAME (PRINT)

President & CEO
TITLE

Social Security Number
DATE OF BIRTH
STATE OF WORK

California

Signature

James L. Smith
NAME (PRINT)

Controller
TITLE

Social Security Number
DATE OF BIRTH
STATE OF WORK

California

Signature

*"DVP" as used herein includes delivery versus payment and receive versus payment. "DVP Account" as used herein includes delivery versus payment and receive versus payment accounts.
3. Enabling Resolutions

The following is a full, true and correct copy of the Resolutions duly adopted by vote of the Board of Trustees, Council or other governing body, referred to as the “Board” of the Client, which Resolutions have not been rescinded or modified and are in full force and effect. The Client further represents and warrants that: (1) these Resolutions are in accord with and pursuant to the Client’s underlying charter and bylaws; (2) these Resolutions are in accord with all constitutional, statutory and regulatory provisions pertaining to the Client; (3) the Client is empowered to take the actions called for by these Resolutions; (4) the Client is duly organized, validly existing and in good standing under all applicable federal, state and/or tribal laws or the laws of a non-U.S. jurisdiction; and (5) the persons designated herein as officers of the Client have been duly installed and now hold the offices set forth by their respective names and their signatures.

RESOLVED:

FIRST, that the Authorized Persons are, and each of them hereby is, authorized and empowered to the fullest extent possible, to act on behalf of the Client, to establish and maintain with Morgan Stanley one or more DVP Accounts for the purpose of purchasing, investing in, or otherwise acquiring, selling, transferring, exchanging and generally dealing in and with, cash and any and all forms of securities and financial instruments, including, but not limited to, shares, stocks, bonds, debentures, notes, script, participation certificates, rights to subscribe, warrants and certificates of deposit.

SECOND, that, without obligation on Morgan Stanley’s part to inquire, any Authorized Person shall have the fullest authority on behalf of the Client to provide instructions or take such actions with respect to the DVP Account, including but not limited to, the authority to:

(a) give written or oral instructions to Morgan Stanley with respect to any securities, transaction or service offered in connection with the DVP Account;

(b) deposit or withdraw money, securities and other property of the Client to and from the DVP Account;

(c) bind the Client to any contract, arrangement or transaction with or through Morgan Stanley;

(d) make payments related to the DVP Account by checks and/or drafts drawn upon the funds of the Client;

(e) endorse any securities in order to pass ownership thereof or for any other purpose;

(f) direct the sale or exercise of any rights with respect to securities in the DVP Account;

(g) sign releases and powers of attorney and enter into contracts and agreements, including but not limited to, any Morgan Stanley account agreements and documentation relating to online services, electronic fund transfers and other services which are or may be offered in connection with the DVP Account, as such documents may be modified from time to time, and any documentation permitted or contemplated by such agreements, products and services, and to affix the seal of the Client to same when necessary;
(h) direct Morgan Stanley to surrender securities to the proper agent or party for the purpose of effecting any exchange, conversion, or otherwise; and

(i) take any and all action in connection with the DVP Account.

THIRD, that any Authorized Person may appoint any person(s) ("Designated Persons") to:

(a) conduct trading in the DVP Account;

(b) endorse any securities, or to make, execute and deliver, under the seal of the Client or otherwise, any instrument of assignment and/or transfer necessary or proper to pass title to such securities; or

(c) provide instructions to effect electronic fund transfers.

FOURTH, that each Authorized Person is empowered and authorized to do all things each deems necessary to implement these Resolutions.

FIFTH, that Morgan Stanley may deal with any and all of the persons directly or indirectly empowered by these Resolutions as though dealing with the Client directly.

SIXTH, that the duly designated officer is hereby authorized and empowered to certify to Morgan Stanley, under the seal of the Client or otherwise:

(a) a true, correct and complete copy of these Resolutions;

(b) specimen signatures of each Authorized Person and each Designated Person empowered by these Resolutions, if so requested by Morgan Stanley; and

(c) a certificate (which, if required by Morgan Stanley, shall be supported by an opinion of the general counsel of the Client, or other counsel satisfactory to Morgan Stanley) that the Client is duly organized and in good standing, that Client's charter authorizes the action or business described in these Resolutions, and that no limitation has been imposed upon such powers by constitution, statute, regulation, charter, bylaw or otherwise.

SEVENTH, that Morgan Stanley may rely upon any certification given in accordance with these Resolutions as continuing fully effective unless and until Morgan Stanley shall receive written notice of an amendment, modification or rescission of these Resolutions. Further resolved that Morgan Stanley shall not be liable for any action taken or not taken upon instruction of any Authorized Person or Designated Person prior to Morgan Stanley's actual receipt of written notice of the termination or impairment of such person's authority. The failure to supply any specimen signature shall not invalidate any transaction which is in accordance with authority previously granted. Further resolved that the Client shall indemnify and hold harmless Morgan Stanley and any of its subsidiaries and affiliates from any and all claims that a transaction was unauthorized or outside the scope of the Client's powers, if such transaction was authorized by any of the Authorized Persons or Designated Persons.

EIGHTH, that in the event of any change in the office or powers of persons hereby empowered, the duly designated officer shall certify such changes to Morgan Stanley, in writing, which certification, when Morgan Stanley receives it, shall terminate the powers of the persons previously authorized and empower the persons thereby substituted in accordance with all the provisions of these Resolutions.

NINTH, that the Client hereby authorizes Morgan Stanley to charge any amount due to Morgan Stanley under any arrangement with the Client, against any or all of the accounts and other property of the Client held with Morgan Stanley or any of its affiliates, with the Client remaining liable for any deficiency and each Authorized Person or Designated Person is authorized and directed to pay to Morgan Stanley by checks and/or drafts drawn upon the funds of the Client such sums as may be necessary to discharge the Client's obligations to Morgan Stanley.

TENTH, that the Client agrees that Morgan Stanley may apply these Resolutions to any DVP Accounts in the name of the Client.
The following three (3) resolutions are applicable only to Native American Tribes/Tribally Chartered Entities:

ELEVENTH, that Section 12 of the DVP Client Agreement is modified to include the following language:

"The Client agrees:

(a) that the Client expressly and irrevocably agrees to a limited waiver of its immunity from suit as well as its rights to seek or exhaust tribal remedies and that the waiver granted herein includes the arbitration of disputes as contemplated by Section 12 of the DVP Client Agreement, as well as any actions in any court of competent jurisdiction to compel arbitration and to enforce an arbitration award;

(b) that binding arbitration shall be the exclusive formal remedy for all disputes, controversies or claims between the Client and Morgan Stanley, including its agents, assigns or affiliates (collectively, "Morgan Stanley"), as further described in Section 12 of the DVP Client Agreement;

(c) that such arbitration shall provide final and binding resolution of any dispute between the parties;

(d) that the waivers of sovereign immunity and of the right to demand exhaustion of tribal remedies shall survive the expiration, termination or cancellation of the DVP Client Agreement and the closing of the Client’s DVP Account; and

(e) that, if enforcement of an arbitration award or a judicial order becomes necessary by reason of the failure of one or both parties to voluntarily comply, the Client waives its sovereign immunity from any final judgment or order of a court of competent jurisdiction enforcing such arbitration award or judicial order."

TWELFTH, that the Client certifies that none of the monies, securities, funds or other property invested or to be invested by the Client in accordance with the DVP Client Agreement and these Resolutions, or paid or to be paid to Morgan Stanley in accordance with the DVP Client Agreement and these Resolutions, constitute (a) funds held by the United States in trust for the Client or for members of the Client, or (b) funds obtained by the Client from the United States or any State government or agency for the purpose of carrying out projects or programs specified by the United States or any State government or agency, other than funds received by the Client pursuant to one or more guarantee contracts with the United States Department of Housing and Urban Development ("HUD"), for the purpose of funding affordable housing activities under the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.).

THIRTEENTH, that the Client certifies, to the extent the Client is investing funds that are part of a tribal trust fund for minor members of the Client or subject to the requirements of a tribal trust fund or a HUD depository agreement, that investment instructions provided by the Client to Morgan Stanley with respect to such funds will comply with all legal requirements applicable to such funds.

IN WITNESS WHEREOF, I have hereunto affixed my hand (and the seal of the Client).

Terry Corrales, RN, Board Secretary

PRINT NAME OF DULY AUTHORIZED OFFICER

SIGNATURE OF DULY AUTHORIZED OFFICER

DATE (MM/DD/YYYY):

© 2015 Morgan Stanley Smith Barney LLC. Member SIPC.

Morgan Stanley
RESOLUTION NO. 08.09.21(02)-17

Resolution of the Board of Directors of Palomar Health Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2021-2022 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith

WHEREAS, as authorized by a ballot measure ("Measure BB"), approved by more than two-thirds of the votes cast on such ballot measure at an election held in Palomar Pomerado Health, now known as Palomar Health (the "District") on November 2, 2004, the Board of Directors of the District (the "Board of Directors") was authorized to issue $496,000,000 aggregate principal amount of general obligation bonds for the purpose of financing a portion of the hospital and health care facilities projects as referenced and described in Measure BB;

WHEREAS, in accordance with the provisions of The Local Health Care District Law of the State of California (constituting Division 23 of the California Health and Safety Code) (the "Local Health Care District Law"), the District issued:

(i) $80,000,000 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2005A" (the "Series 2005A Bonds") on July 7, 2005;

(ii) $241,083,318.80 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2007A" (the "Series 2007A Bonds") on December 20, 2007;

(iii) $110,000,000 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2009A" (the "Series 2009A Bonds") on March 18, 2009; and

(iv) $64,916,678.80 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2010A" (the "Series 2010A Bonds") on November 18, 2010;

WHEREAS, on October 27, 2016, pursuant to Articles 9 and 11 of Chapter 3 of Part 1 of Division 2 of Title 5 of the California Government Code, the District issued:

(i) $48,520,000 aggregate principal amount of general obligation refunding bonds designated as "Palomar Health General Obligation Refunding Bonds, Series 2016A" (the "Series 2016A Bonds") to refund all outstanding Series 2005A Bonds; and

(ii) $164,450,000 aggregate principal amount of general obligation refunding bonds designated as "Palomar Health General Obligation Refunding Bonds, Series 2016B" (the "Series 2016B Bonds") to refund the current interest portion of the Series 2007A Bonds;
WHEREAS, as provided by the Local Health Care District Law, principal and interest on the outstanding Series 2007A Bonds, Series 2009A Bonds, Series 2010A Bonds, Series 2016A Bonds and Series 2016B Bonds as the same become due are payable from the levy and collection of *ad valorem* taxes within the District;

WHEREAS, pursuant to Section 32312 of the Local Health Care District Law, the Board of Supervisors of the County of San Diego (the "Board of Supervisors of the County") is required to levy and collect annually each year until the Series 2007A Bonds, Series 2009A Bonds, Series 2010A Bonds, Series 2016A Bonds and Series 2016B Bonds are paid a tax sufficient to pay the principal of and interest on such Series 2007A Bonds, Series 2009A Bonds, Series 2010A Bonds, Series 2016A Bonds and Series 2016B Bonds (collectively, the "Bonds") as the same become due and payable;

WHEREAS, in order to facilitate the levy and collection of such *ad valorem* taxes by the Board of Supervisors of the County as provided in Section 32312 of the Local Health Care District Law, the Board of Directors hereby notifies the Board of Supervisors of the County that principal and interest on the Bonds in the amount of $30,306,940 will become due and payable during the fiscal year commencing July 1, 2021, and ending June 30, 2022;

WHEREAS, the Board of Directors has been advised that the total net secured assessed valuation of the District is now estimated at $92,369,388,405 full value; and,

WHEREAS, also in order to facilitate the levy and collection of such *ad valorem* taxes by the Board of Supervisors of the County as provided in Section 32312 of the Local Health Care District Law, a rate of taxation of $38.00 for each one hundred thousand dollars' valuation of taxable property (full value) within the District for fiscal year commencing July 1, 2021, and ending June 30, 2022, is hereby established;

NOW, THEREFORE, BE IT RESOLVED THAT:

Section 1. Recitals. The foregoing recitals are true and correct, and this Board of Directors so finds and determines.

Section 2. Further Authorization; Ratification of Actions. The Chair of the Board of Directors, any member of the Board of Directors, the President and Chief Executive Officer of the District or any designee of the President and Chief Executive Officer of the District or the Chief Financial Officer of the District or any designee of the Chief Financial Officer of the District (each, an "Authorized District Representative") is hereby authorized and directed, for and in the name of and on behalf of the District, to do any and all things and to execute and deliver any and all documents, instruments and certificates, and to enter into any and all agreements, which such Authorized District Representative may deem necessary or advisable in order to carry out, give effect to and comply with the terms and intent of this Resolution. All such actions heretofore taken by any such Authorized District Representative are hereby ratified, confirmed and approved.

Section 3. Effective Date. This Resolution shall take effect from the date of adoption hereof.
PASSED AND ADOPTED by the Board of Directors of Palomar Health on the 9th day of August, 2021, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAINING:

DATED: August 9, 2021

BY:

ATTESTED:

______________________________
Linda C. Greer, RN
Chair, Board of Directors

______________________________
Terry Corrales, RN
Secretary, Board of Directors
STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO

I, Terry Corrales, RN, the Secretary of Palomar Health (the "District"), do hereby certify that the foregoing is a true copy of a resolution adopted by the District on August 9, 2021, at the time and by the vote stated above, which resolution is on file in the office of the District.

DATED: August 9, 2021

______________________________
Terry Corrales, RN
Secretary, Board of Directors
Resolution of the Board of Directors of Palomar Health

Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2021 – June 30, 2022

Pursuant To Article XIII(B) of the California Constitution

WHEREAS, Government Code Section 7910 requires that each year the Board of Directors of this District shall, by resolution, establish the District’s appropriations limit for the following fiscal year pursuant to Article XIII(B) of the California Constitution; and

WHEREAS, for not less than fifteen days prior to this meeting the documentation attached hereto as Exhibit “A” used in the determination of the appropriations limit has been available to the public in accordance with Government Code 7910.

NOW THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors as follows:

Section 1. The appropriations limit of Palomar Health for fiscal year July 1, 2021 – June 30, 2022, pursuant to Article XIII(B) of the California Constitution is hereby established at $117,124,656.

Section 2. This resolution is effective immediately upon its adoption by the Board of Directors.

PASSED AND ADOPTED at the meeting of the Board of Directors of Palomar Health held August 9, 2021, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAINING:

ATTEST:

______________________________________________
Linda C. Greer, RN
Chair

______________________________________________
Terry Corrales, RN
Secretary
RESOLUTION NO. 08.09.21(04)-19

RESOLUTION OF THE BOARD OF DIRECTORS
OF PALOMAR HEALTH
ESTABLISHING BOARD QUALITY REVIEW COMMITTEE MEETINGS
FOR CALENDAR YEAR 2021

WHEREAS, Palomar Health is required, pursuant to Section 54954 of the California Government Code, Section 5.2.2 of the Palomar Health Bylaws, and Palomar Health Policy 21790 Establishing Board Meeting Dates, to pass a resolution adopting the time, place and location of the Board Quality Review Committee meetings:

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Palomar Health that the following schedule of Board Quality Review Committee meetings will apply for calendar year 2021:

Remainder of 2021 BOARD QUALITY REVIEW COMMITTEE MEETING SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 23</td>
</tr>
<tr>
<td>August 25</td>
</tr>
<tr>
<td>October 27</td>
</tr>
</tbody>
</table>

Each meeting will be held at 4:00 p.m. Meeting participation will be held virtually pursuant to Governor Newsom’s Executive Order N-29-20

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Palomar Health held on August 9, 2021, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAINING:

DATED: August 9, 2021

BY:

__________________________________________
Linda C. Greer, RN
Chair, Board of Directors

ATTESTED:

__________________________________________
Terry Corrales, RN
Secretary, Board of Directors
I. PURPOSE:

To provide a standardized statement form to be signed by Board members in recognition of a director's frequent access to private or confidential information and the need to maintain confidentiality.

II. DEFINITIONS:

A. PHI is "Protected Health Information" and covers any paper documentation containing information on a patient's treatment.

B. EPHI is "Electronic Protected Health Information," the same information in an electronic media such as computer hard drive or email.

C. Confidential Information is non-public data that must not be disclosed due to its sensitive nature

III. TEXT / STANDARDS OF PRACTICE:

A. Confidential information is to be accessed and used only in an official capacity as an elected official.

B. The following "Confidentiality Statement" will to be signed by all Board members:

IV. ADDENDUM:

CONFIDENTIALITY STATEMENT

QUALITY MANAGEMENT

I acknowledge that my status as a Board member does not entitle me to access private and confidential information about patients who have been, are or will be patients at Palomar Health (PH) facilities, whether that information is kept and maintained manually or electronically. I acknowledge private and confidential information may be disclosed to me about patients who have been, are, or will be cared for by PH facilities. I am aware that, occasionally within the course of my duties as a Board member I may be made aware of information derived from patient information, including but not limited to closed session matters related to Quality Assurance, or existing litigation matters involving PH. I agree to treat such information as confidential and will not disclose it to any other party except as necessary for the performance of my duties. As to these limited instances, I recognize that effective peer review and quality management cannot be achieved unless the confidentiality of all discussions, deliberations, records and other information generated in connection with these activities is maintained. I recognize that such confidentiality ensures the candid participation of staff members in these activities that are critically important for the evaluation and improvement of the quality of care rendered throughout the Palomar Health (PH). I agree to respect and maintain the confidentiality of all discussions, deliberations, records and information related to these activities. I agree not to disclose voluntarily any such information to anyone except to persons authorized to receive the information in the conduct or peer review affairs or the PH Board of Directors.

PATIENT INFORMATION

I acknowledge that I may have access to private and confidential information about all patients who have been, are, or will be cared for by PH facilities. I agree to treat such information as confidential and will not disclose it to any other party except as necessary for the performance of my duties. I understand that I must implement, maintain and use appropriate administrative, technical and physical safeguards, in compliance
with Federal HIPAA regulations and state law to prevent use or disclosure of PHI and EPHI other than as required by law. I understand that any access to computerized data granted to me by PH is solely for my use in my capacity as a member of the Board of Directors. I understand that the combination of my "user I.D." (initials) and password to access the computer constitutes my electronic signature. I understand that I am NOT to grant access to any other individual to PH computerized information by divulging my password. In the event that I believe that my password has been compromised, I will immediately notify the appropriate administrative personnel to obtain a new password.

CONFIDENTIAL INFORMATION

I acknowledge that I will receive and have access to confidential information during closed sessions of meetings of the Palomar Health Board of Directors. I agree that I may not disclose confidential information that has been acquired by being present in a closed session authorized by the Brown Act (California Govt. Code § 54950 et seq.) to a person not entitled to receive it, unless the Palomar Health Board of Directors, as a whole, has authorized the disclosure of that confidential information or I am (i) making confidential inquiry or complaint to a district attorney or grand jury concerning a perceived violation of law, (ii) expressing an opinion concerning this propriety or legality of actions taken by the Palomar Health Board of Directors in closed session, or (iii) disclosing information that is not confidential information. I further agree and acknowledge that improperly disclosing confidential information that has been acquired by being present in a closed session is a violation of law (California Govt. Code § 54963).

CONSEQUENCE OF VIOLATIONS

I understand that PH is entitled to undertake such action as deemed appropriate to ensure that the confidentiality of medical staff, patient and employee information is preserved. Further, if I disclose or attempt to disclose confidential information that has been acquired by being present in a closed session, I understand that PH may seek remedies as authorized by law, including but not limited to injunctive relief to prevent the disclosure of the confidential information and referral to the grand jury. If I am ever in doubt about the confidential status of any item of information, I agree to consult PH Administration for clarification. I may seek legal advice from outside counsel in accordance with Policy #62737 Board of Directors External Legal Counsel Usage Criteria regarding the confidential status of any item of information or disclosing confidential information. I understand and acknowledge that any breach of this agreement or threatened breach may subject me to disciplinary action as authorized by law.

_______________________________________________ ______________________
Director's Signature                                                Date

This policy will be reviewed and updated as required or at least every three years.

IV. DOCUMENT / PUBLICATION HISTORY:

Original Document Date: 1/92
Reviewed: 4/95; 1/99;
Revision Number: 1 Dated: 1/20/05
Document Owner: Michael Covert
Authorized Promulgating Officers: Ted Kleiter, Chairman

VI. CROSS REFERENCE DOCUMENTS:

Prior to 2005, this policy was Board Policy 10-105

Document Owner: DeBruin, Kevin
Approvals
- Committees:
Revision Date: [11/12/2020 Rev. 6]
Attachments:
(REFERENCED BY THIS DOCUMENT)
Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21799.
Policy : Conflict of Interest Code

THIRTEENTH AMENDED AND RESTATED CONFLICT OF INTEREST CODE OF PALOMAR HEALTH

I. PURPOSE:
The Political Reform Act (California Government Code, Sections 81000 et seq.) requires state and local government agencies to adopt and promulgate conflict of interest codes. Pursuant to the Political Reform Act of 1974 (California Government Code, Sections 81000 et seq.) and regulations of the Fair Political Practices Commission (California Code of Regulations, Title 2, Sections 18100, et seq.), Palomar Health hereby adopts the following Conflict of Interest Code.

II. DEFINITIONS:
The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission, and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

III. STANDARDS OF PRACTICE:

A. INCORPORATION OF FPPC REGULATION §87406.3:
To ensure compliance will not hire for a period of 12 months after leaving office prohibiting elected officials from representing any other person, for compensation, by appearing before or communicating with their former agency in an attempt to influence the agency's decisions in an administrative or legislative action, whether quasi-legislative or quasi-judicial, or any action involving a permit, license, contract, or transaction involving the sale or purchase of property or goods; Palomar Health will not hire or employ a former Palomar Health Board Member for a period of one year after their term of service as a Board Member has ended. (Section 87406.3; Regulations 18746.2 and 18746.3.)

B. INCORPORATION OF FPPC REGULATION §87407:
Palomar Health Board Members will comply with the ban on influencing prospective employment, which prohibits any public official from making, participating in making, or influencing a governmental decision that directly relates to a prospective employer while negotiating or after reaching an employment arrangement. (Section 87407; Regulation 18747.)

C. INCORPORATION OF FPPC REGULATION §18730:
The Political Reform Act, requires state and local government agencies to adopt and promulgate Conflict of Interest Codes. The Fair Political Practices Commission has adopted a regulation, California Code of Regulations, Title 2, Section 18730, which contains the terms of a standard Conflict of Interest Code, which can be incorporated by reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of California Code of Regulations, Title 2, Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendix, designating positions and establishing disclosure categories, shall constitute the Conflict of Interest Code of Palomar Health.

B. STATEMENTS OF ECONOMIC INTERESTS: PLACE OF FILING:
Individuals in designated positions shall file their statements of economic interests (Form 700) with the Palomar Health Chief Executive Officer or designee. The Palomar Health Chief Executive
Officer or designee shall make and retain a copy and forward the original to the San Diego County Board of Supervisors. The Palomar Health Chief Executive Officer or designee will make the statements available for public inspection and reproduction. (California Government Code, Section 81008).

IV. ADDENDIX:

OFFICIALS WHO MANAGE PUBLIC INVESTMENTS

Palomar Health Officials who manage public investments, as defined by California Code of Regulations, Title 2, section 18701, subdivision (b), are not subject to Palomar Health’s Conflict of Interest Code, but are subject to the disclosure requirements of the Act. (Gov. Code § 87200 et seq.) These positions are listed here for informational purposes only, and are required to file a statement of economic interest.

It has been determined that the positions listed below are officials who manage public investments[1]:

- Members of the Board of Directors
- Chief Executive Officer
- Chief Financial Officer

DESIGNATED EMPLOYEE POSITIONS

The persons holding positions listed below are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

<table>
<thead>
<tr>
<th>Designated Employee Position Title</th>
<th>Assigned Disclosure Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Legal Officer</td>
<td>All</td>
</tr>
<tr>
<td>Chief Medical Officer</td>
<td>5</td>
</tr>
<tr>
<td>Chief Operations Officer</td>
<td>All</td>
</tr>
<tr>
<td>Chief Administrative Officer</td>
<td>1, 2, 3, 5, 6</td>
</tr>
<tr>
<td>Chief Human Resources Officer</td>
<td>1, 5, 6, 7</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>All</td>
</tr>
<tr>
<td>Vice President of Perioperative Services</td>
<td>6</td>
</tr>
<tr>
<td>Chief Nursing Officer of Palomar Medical Center Poway</td>
<td>5, 6</td>
</tr>
<tr>
<td>Chief Nursing Officer of Palomar Medical Center Escondido</td>
<td>5, 6</td>
</tr>
<tr>
<td>Vice President of Continuum Care</td>
<td>1, 2, 5</td>
</tr>
<tr>
<td>Vice President of Quality</td>
<td>6</td>
</tr>
<tr>
<td>Vice President of Information Technology</td>
<td>6</td>
</tr>
<tr>
<td>Vice President Revenue Cycle</td>
<td>6, 7</td>
</tr>
</tbody>
</table>

DISCLOSURE CATEGORIES

The disclosure categories set forth below specify which kinds of economic interests are reportable. Such a designated employee shall disclose in his or her statement of economic interests those economic interests he or she has which are of the kind described in the disclosure categories to which he or she is assigned. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds economic interests which he or she foreseeably can affect materially through the conduct of his or her office.

Category 1.
All investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments that are located in, do business in or own real property within the jurisdiction of Palomar Health.

**Category 2.**

All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of Palomar Health.

**Category 3.**

All investments and business positions in, and sources of income from, business entities that are engaged in land development, construction or the acquisition or sale of real property within the jurisdiction of Palomar Health.

**Category 4.**

All investments and business positions in, and sources of income from, business entities that are banking, savings and loan, or other financial institutions.

**Category 5.**

All investments and business positions in, and sources of income from, business entities that provide services, supplies, materials, machinery, vehicles or equipment of a type purchased or leased by Palomar Health.

**Category 6.**

All investments and business positions in, and sources of income from, business entities that provide services, supplies, materials, machinery, vehicles or equipment of a type purchased or leased by the Designated Employee’s Department.

**Category 7.**

All financial interests in investment advisors and managers; financial services providers, actuaries, and those providing fiduciary services (including recordkeeping) to retirement plans.

[1] Individuals holding one of the above-listed positions may contact the FPPC for assistance or written advice regarding their filing obligations if they believe that their position has been categorized incorrectly. The FPPC makes the final determination whether a position is covered by Government Code section 87200.

[2] Consultants shall be included in the list of Designated Employees and shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation: The Chairperson of the Board will determine and communicate with the Board in writing that a particular consultant, although a “designated position,” is hired to perform a range of duties that are limited in scope and thus is not required to fully comply with the disclosure requirements described in this section. Such written determination shall include a description of the consultant’s duties and, based upon that description, a statement of the extent of disclosure requirements. The Chairperson’s determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict of Interest Code. Nothing herein excuses any such consultant from any other provision of this Conflict of Interest Code.
Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21800.
Policy: Media Relations

I. PURPOSE:

To ensure that accurate, complete and consistent information is provided to the constituencies of Palomar Health ("Palomar") via the news media in a responsive manner. As a public entity, Palomar has an obligation, as well as a desire, to communicate with the public it serves. Healthcare is a major issue in today's society, and much of what people know about healthcare comes via the news media. Therefore, it is in everyone's best interest for Palomar to be proactive and to adopt a policy of cooperation with the news media.

II. DEFINITIONS:

For purposes of this policy, the term policy shall mean a Board approved statement that provides broad strategic direction and/or a governing mandate for Palomar, enabling the development of procedures, as defined and provided for elsewhere.

III. TEXT / STANDARDS OF PRACTICE:

A. Board of Directors

1. The Board Chair will serve as the primary source of information regarding the Board of Directors but may, in his/her absence or unavailability, designate other Board members or Palomar administrators to speak on behalf of the Board.

2. Board members speaking to the media and public are not considered to be the official spokesperson for the Palomar Health Board unless specifically authorized by the Board Chair or Board of Directors to act in that capacity.

3. Board members are encouraged to contact the Marketing Department designee before speaking to the news media to ascertain the nature of the media query, what prompted the query, the most recent relevant information, and other possible responses by District representatives or Board members. A media relations person will be available at all times to assist in this process.

4. In the interest of unity, Board members should not initiate public criticism of majority positions adopted by the Board.

5. It is recommended that any letters written by Board members be submitted to the Marketing Department for information and review for accuracy.

B. Palomar Health Facilities

1. All information regarding the hospitals or the District must be cleared and coordinated by the Marketing Department, prior to dissemination to the news media.

2. Only the spokesperson(s) identified by the Marketing Department is authorized to provide information to the media.

3. All Patient Condition Reports shall be given out in accordance with HIPAA guidelines for Release of Patient Information.

4. All requests received from the media shall be immediately referred to the Marketing Department.

5. The proper response to the media, including determining the best spokesperson(s) and appropriate information to be released, will be determined by the Marketing Department.

6. All District personnel, including senior management, are asked to cooperate with the Marketing Department, comply fully with this policy and respond quickly when asked for information.
7. When District personnel, including senior management, are directly contacted by the media, they should, if possible, contact the Marketing Department prior to answering any questions to determine any evolving issues or new information that may be pertinent, prior to being interviewed.

8. The Marketing Department will inform senior management, the Board Chairman and other affected staff of news media contacts and coverage.

9. Anyone is encouraged to contact the Marketing Department at any time for assistance or additional information.

10. Media Relations will consult with Palomar General Counsel to ensure all legal issues have been addressed prior to communicating with the media.

C. Medical Staff

1. If a medical staff member is contacted regarding a matter relating solely to his or her private medical practice or area of expertise, he or she is free to respond as an individual. However, he or she is requested to notify the Marketing Department in such instances.

D. This policy will be reviewed and updated as required or at least every three years.

IV. ADDENDUM:

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Policy: Board Member Misconduct and Sanctions

I. PURPOSE:
To provide a framework for Board to address individual Board Member Actions that may be determined to be misconduct in office, malfeasance in office, violation of the law or public policy, violation of Board Policy or action harmful to the best interests of the District. This policy is intended to be consistent with but not limited to provisions of Government Code 3060.

II. INTENT:
This policy is intended to protect the public interest, protect the District, protect the Board and protect the rights of individual Board Members, including to but not limited to their due process rights.

III. PROCESS:
1. Any member of the Board may present a complaint in writing to the Board for consideration. The complaint must be specific in nature, associated with written materials if they are available and applicable, and directly relevant to the general issue of misconduct in office or violation of the law or policy as articulated above.
2. The member addressed in the complaint will be notified in writing. The member will be provided full opportunity to prepare a response to the complaint to the Board in person and in writing if so desired. The member will be provided reasonable notice of a need to attend a Board meeting where the complaint will be addressed.
3. The Board will consider the complaint with the Member charged present and then vote with the Member charged present on the question of authorizing a formal hearing. A vote to authorize a formal hearing will require a super majority of Board Members present to concur. This would be 5 out of 7 if 7 are present, 4 out of 6 if 6 are present but no less than four under any circumstances.
4. The Board may vote to enact Member Sanctions with the Member charged present. The vote to enact Member Sanctions will require a majority of members present in the affirmative, but no less than the 4 members voting to enact Member Sanctions under any circumstances.
5. Member Sanctions available to the Board that may be enacted would include:
   a. District Board Chair to remove Sanctioned Member from specific standing committee(s) Chair position(s). Replacement to be named by Board Chair.
   b. District Board Chair to remove Sanctioned Member from specific standing Committee membership(s).
   c. Removal from Board Officer position.
For the office of Director, Palomar Health Board

I, ____________________________, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and of the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

____________________________________
Signature

____________________________________
Date
Bylaws: Bylaws of Palomar Health

Purpose: To establish such rules and regulations not inconsistent with governing laws and regulations, that in the opinion of the Board of Directors are appropriate to provide for the exercise of its authority, duties and responsibilities to the institution, for the protection of assets and the quality of services the District provides to its patients and constituents.

I. Article I: Definitions
   A. “Hospital(s)” means Palomar Medical Center Escondido, 2185 Citracado Parkway, Escondido, California, Palomar Medical Center Downtown Escondido, 555 East Valley Parkway, Escondido, California, and Palomar Medical Center Poway, 15615 Pomerado Road, Poway, California.
   B. “Board” means the Board of Directors of the District.
   D. “District” means Palomar Health.
   E. “Medical Staff(s)” or “Staff(s)” means the organized medical staff of Palomar Medical Centers Escondido, Downtown Escondido and Poway and/or the organized medical staff of other District facilities, as indicated.
   F. “Facility” or “Facilities” means a Hospital or the Hospitals, Home Health, Skilled Nursing Facilities, or any other health care facility or facilities operated by the District.
   G. “Practitioner” includes, but not limited to a physician (i.e., M.D. or D.O.), dentist (D.D.S. or D.M.D.), Advanced Practice Provider (N.P. or P.A.), psychologist, or podiatrist (D.P.M.) who is duly licensed in the State of California to practice within the scope of said license.

II. Article II: Organization, Powers and Purposes
   A. Organization. The District is a political subdivision of the State of California organized under the Division 23 of the Health and Safety Code (“Local Health Care District Law”).
   B. Purposes and Powers. The District is organized for the purposes described in the Local Health Care District Law and shall have and may exercise such powers in the furtherance of its purposes as are now or may hereafter be set forth in the Local Health Care District Law and any other applicable statutes, rules or regulations of the State of California.
   C. Bylaws, Policies and Procedures
      1. The Board has the power to adopt, amend, and promulgate District Bylaws, Policies, and Procedures as appropriate. The Board Governance Committee shall review the District Bylaws at least annually and as necessary and following each review shall provide to the Board a report of its activities.
   D. Dissolution. Any proposal to dissolve the district shall be subject to confirmation by the voters of the district in accordance with Government Code section 56654.

III. Article III: Offices
   A. Principal Office. The principal office of the District is currently located at 456 East Grand Avenue, Escondido, California, 92025.
   B. Other Offices. Branch or subordinate offices may be established at any time by the Board at any place or places within the boundaries of the District.
IV. Article IV: Board

A. General Powers. The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. It is the responsibility of the Board, functioning collectively, to govern the institution. To that end the Board will oversee the development of policies, processes, and procedures that enable to organization to fulfill its mission and vision in an effective and ethical manner. The Board will collaborate with the CEO in the creation of these policies, processes and procedures and oversee their implementation.

1. Board Member Position Description: Each individual Member is accountable to the Board and to the institution and acts only as a part of the Board. Each individual Member works within the structure of the Board towards the establishment and oversight of the implementation of policies and monitoring of the organization's performance with respect to strategic direction, financial stewardship, quality outcomes and leadership of the Healthcare District.

2. Members of the Board of Directors will exercise authority with respect to the District and its affairs only when acting as part of the Board of Directors and only during Board of Directors meetings or meetings of authorized committees of the Board of Directors. An exception is the Chair of the Board of Directors who will collaborate and meet with the District's Chief Executive Officer regularly and as needed regarding issues regarding the Business of the District, including but not limited to, future Board meetings and their agendas. Members of the Board of Directors are not authorized to independently exercise management authority with respect to the District or its affairs except as expressly delegated by the Board.

3. Individual Board Member requests for records and institutional information shall be made in accordance with the Board Policy regarding record and information requests.

B. Specific Responsibilities:

1. Regularly review and where appropriate, update, the mission and vision statements that guide the District and its system affiliates ("system"), and enable it to meet the needs of its citizens in accordance with its Charter.

2. On an at least annual basis, the Board Quality Review Committee will prepare and the Board will review and approve a system-wide quality assurance plan. The Quality Assurance Plan will enable to Board to oversee the effectiveness of the organization in meeting targets of performance that address the Health, well-being and safety of those served.

3. Direct the Medical Staff(s) to independently and regularly report to the Board regarding the Quality and Safety of clinical care provided with the system's facilities and programs.

4. Direct the Medical Staff(s) in conjunction with the Administrative Leadership to establish policies and processes that provide for and facilitate the Board's ability to oversee the delivery of safe and effective care in the system's facilities and programs.

5. Direct the Medical Staff(s) to establish and implement policies processes that enable the Board to oversee and review the competency of Medical and Allied Health staff are assured on behalf of the citizens of the District.

6. Review and approve all financial policies, plans and programs for the system and enhance the preservation of the organization's assets and resources on behalf of the District.

7. Review and approve and update as needed a comprehensive strategic plan, consistent with the organization's mission and vision that aligns the system's financial, human resources, facilities, technology and quality plans.

8. Advocate on behalf of the Healthcare District's policies, programs and plans within the community served and with other constituency groups.

9. Recruit, employ and evaluate the performance of the Chief Executive Officer in accordance with goals and objectives established for the CEO by the Board with both short and long term considerations.

10. Establish and implement ethical policies that minimize conflicts of interest and ensure compliance with governmental, regulatory and other agency standards, laws and principles relative to excellent stewardship of the Public Healthcare District.

11. Annually evaluate the Board's performance and the individual performance of each Board member to continually enhance the effective stewardship of the system.

12. Perform other duties as may be assigned an directed by the Board.

C. Board Duties. Members of the Board of Directors shall have the following duties:
1. Duty of Care. Directors shall exercise proper diligence in their decision making process by acting in good faith in a manner that they reasonably believe is in the best interest of the District, and with the level of care that an ordinarily prudent person would exercise in like circumstance.

2. Duty of Loyalty. Directors shall discharge their duties unselfishly, in a manner designed to benefit only the District and not the Directors personally or politically, and shall disclose to the full Board of Directors situations that they believe may present a potential for conflict with the purposes of the District.

3. Duty of Obedience. Directors shall be faithful to the underlying purposes and mission of the District.

4. If it is determined, by a majority vote of the Board of Directors in office at that time, that a Director has violated any of his or her duties to the detriment of the District, such Director is subject to sanctions according to the procedures set forth in Article V herein.

D. Number and Qualification.

1. The Board shall consist of seven (7) members who are elected or appointed in accordance with the Local Healthcare District Law of the State of California, and other applicable law, each of whom shall be a registered voter residing within the District. The member of the Board of Directors elected to represent a District zone must be a resident of the zone from which he or she is elected for thirty (30) days preceding the date of the election and must be a registered voter in that zone. Termination of residency in a zone by a member of the Board of Directors shall create an immediate vacancy for that zone unless a substitute residence within the zone is established within thirty (30) days after the termination of residency.

E. Conflicts of Interests. The Board shall endeavor to eliminate from its decision-making processes financial or other interests possessed by its members that conflict with the District’s interests. Board members and other persons who are "Designated Employees," as defined in the District’s current Conflict of Interest Code as it may be amended from time to time, shall, to the best of their ability, adhere to the provisions of said Code and any and all laws and regulations relating to conflicts of interests, including but not limited to the Government Code and Health and Safety Code.

F. Election and Term of Office. Palomar Health District Board members are elected by Zones within the District. At the November 2020 General Election, three members of the Palomar Health District Board of Directors shall be elected on a by-zone basis from the three Even numbered, single-member zones (specifically, Zones 2, 4, and 6, as such zones may be amended), and every four years thereafter. At the General Election in November 2022, four members of the Palomar Health Board of Directors shall be elected from the four odd-numbered, single-member zones (specifically, Zones 1, 3, 5, and 7, as such zones may be amended), and every four years thereafter.

G. Orientation and Training. An orientation consisting of materials and programs shall be provided to each newly seated Board Member which familiarizes them with his or her duties and responsibilities, including good governance practices, mandatory Sexual Harassment Prevention and Civility training, the Brown Act, Ethics training (AB 1234 training), and the Palomar Health Code of Conduct.

1. Board members are required to complete all applicable training that is mandated by Federal, State and local law.

2. Board members are expected to participate in the entire Board orientation process and additional ongoing training. Individual Board members who do not fulfill this participation expectation will be subject to the provisions of the Board Sanction Policy and may be censured and/pr subject to sanctions in accordance with such Policy.

H. Self-Evaluation of Board. The Board shall evaluate its own collective performance, the performance of its individual Board members and the performance of its officers on an annual or other periodic basis.

1. The Board Performance Internal Review shall be conducted in accordance with Board Performance Internal Review Policy.

2. Individual Board members are expected to participate in the Board assessment or self-assessment process. Members who fail to do so will be subject to provisions of the Board Sanction Policy and may be subject to censure or sanctions in accordance to such Policy.

I. Evaluation of CEO. Individual Board Members shall participate in evaluation of CEO performed by the Board on an annual basis. This evaluation will be performed in accordance with Board CEO Review Policy.
J. **Vacancies.** Vacancies on the Board shall be filled in accordance with the applicable provisions of the Government Code.

K. **Resignation or Removal.** Any Board member may resign effective upon giving written notice to the Chairperson or the Secretary of the Board, unless the notice specifies a later time for the effectiveness of such resignation. Pursuant to California Health and Safety Code §32100.2, the term of any member of the Board shall expire if the member is absent from three consecutive regular Board meetings or from three of any five consecutive regular meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board. All or any of the members of the Board may be recalled at any time by the voters following the recall procedure set forth in Division 16 of the Election Code.

L. **Liability Insurance.** The District shall procure and maintain appropriate policies of insurance (which may include self-insurance) to the extent permitted by law.

M. **Indemnification of Directors and Officers.** Members of the Board and officers shall be indemnified to the full extent permitted by law against all claims, liabilities and expenses incurred as a result of an action by the Board, except in the instance of willful misconduct in performance of duties as a director or officer.

N. **Compensation.** Board compensation will conform to current legal limitations and District Policy. Board members must participate in required Ethics training prescribed by Government Code section 53232 et seq. in order to be eligible for compensation.

O. **Health and Welfare Benefits.** Notwithstanding Section IV, L, "Compensation" above, the Board may provide health and welfare benefits, pursuant to Government Code §53200 et seq., for the benefit of its elected and former members and their dependents, or permit its elected and former members and their dependents to participate in District programs for such benefits, in accordance with all applicable laws and regulations and current District policy.

P. **Travel and Incidental Expenses Reimbursement.** Each member of the Board shall be reimbursed for his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board and in accordance with District Policy pursuant to Government Code sections 53232.2 and 53232.3 and Health and Safety Code 32103. Such reimbursement, if approved by the Board, shall not constitute "compensation" for purposes of Section IV, L, "Compensation" above.

V. **Article V: Determination of and Sanctions for Misconduct in Office**

A. The Board shall establish a Board Sanction Policy to address individual Board member misconduct or malfeasance in office. Such Policy will be reviewed annually. The Policy will describe the process to be utilized by the Board in circumstances where an Individual Board Member has been determined by a super majority of the Board to have violated their duties to the detriment of the District, violated the provisions of the Bylaws or any Board Policy. The Board Sanction Policy will be consistent with the meaning of Government Code section 3060.

VI. **Article VI: Board Officers**

A. **Chairperson.** The Board shall elect one of its members as Chairperson at an organizational regular meeting. In the event of a vacancy in the office of Chairperson, the Board may elect a new Chairperson. The Chairperson shall be the Principal Officer of the Board and shall preside at all meetings of the Board. The Chairperson shall appoint all Board committee members and committee chairpersons, and shall perform all duties incident to the office and such other duties as may be prescribed by the Board from time to time, to include:

1. Presiding over all meetings of the Board
2. Recognizing members entitled to the floor.
3. Stating and putting to vote all questions which are regularly moved, or necessarily arise in the course of the proceedings, and to announce the result of the vote.
4. Protecting the assembly from annoyance from irrelevant or improper motions through appropriate rules of order.
5. Assisting in the expediting of business in all ways compatible with the rights of the collective Board and its individual members, and deciding all questions of order.
6. Informing the assembly, when necessary, or when referred to for the purpose, on a point of order or practice pertinent to pending business.
7. Authenticating all the acts, orders, and proceedings of the assembly declaring its will and in all things obeying its commands.

8. Coordinating with the District’s CEO and Management for the implementation of Board direction and policies.

9. Coordinating with District’s CEO and Administrative Management for the implementation of Board direction and policies.

10. Designating and directing members of the Board to undertake special responsibilities and to report to the Chair on those activities as directed.

11. Appointing members of standing authorized ad-hoc committees with formal notification to the Board in a timely fashion and no later than the next meeting of the Board.

12. Representing the Board at official functions when necessary.

13. Serving as spokesperson for the Board regarding Board actions.

14. Provide regular updates to the Board regarding major activities within the District, utilizing administrative support and in conjunction with the CEO as appropriate.

15. Counseling individual Board members in conjunction with other Board Members and/or the Chair of the Governance committee at the discretion of the Chair.

16. Implement processes designed to facilitate the collective awareness of the Board regarding major activities within the district so that all individual Board Members are provided the opportunity to be equally informed.

B. Vice Chairperson. The Board shall elect one of its members as Vice Chairperson at an organizational meeting. In the absence of the Chairperson, the Vice Chairperson shall perform the duties of the Chairperson.

C. Secretary. The Board shall elect one of its members Secretary at an organizational meeting. The Secretary shall provide for review and approval of minutes of all meetings of the Board. The Secretary shall give or cause to be given appropriate notices in accordance with these bylaws or as required by law and shall act as custodian of District records and reports and of the District’s seal.

D. Treasurer. The Board shall elect one of its members Treasurer at an organizational meeting. The Treasurer shall oversee the safekeeping and disbursal of the funds in the treasury of the District. The Treasurer shall be the chairperson of the Finance Committee. The Treasurer shall have express authority to delegate his or her duties to the Chief Financial Officer of the District.

E. Tenure. Each officer described above shall serve a one-year term, commencing on the first day of January after the organizational meeting at which he or she is elected to the position. Each officer shall hold office until the end of the one-year term, or until a successor is elected, unless he or she shall sooner, resign or be removed from office.

F. Removal. An officer described above may be removed from office by the affirmative vote of four members of the Board not counting the affected Board member. In addition, an officer described above will automatically be removed from office when his or her successor is elected and is sworn in as a Board member.

G. President and Chief Executive Officer. The Board shall select and employ a President and Chief Executive Officer who shall report to the Board. The President and Chief Executive Officer shall have sufficient education, training, and experience to fulfill his or her responsibilities, which shall include but not be limited to overseeing and managing the day-to-day operations of the District, the District facilities, and implementing the strategic mission and vision of the District as directed by the Board. The Board shall be responsible for developing, maintaining and periodically updating a detailed job description for the President and CEO, which job description shall set forth the specific duties and requirements of the position in compliance with California Code of Regulation Section 79777. All other District employees shall be direct reports of the CEO or his/her subordinates with the exception of the Compliance Officer who shall have the ability to report independently and directly to the Board at their discretion or at the request of the Board Chair.

H. Subordinate Officers. The President and Chief Executive Officer may select and employ such other officers as the District may require, each of whom shall hold office for such period, have such authority, and perform such duties as the President and Chief Executive Officer, in consultation with the Board as may from time to time determine.

VII. Article VII: Board Meetings
A. **Board Meeting.** A meeting of the Board is any congregation of a majority of the members of the Board at the same time and place to hear, discuss or deliberate upon any item that is within the subject matter jurisdiction of the Board. A meeting is also the use of direct communication, personal intermediaries or technological devices that is employed by a majority of the members of the Board to develop a collective concurrence as to action to be made on an item by the members of the Board. Notwithstanding, a majority (four or more members) of the Board may communicate directly or through technological devices for the purpose of calling a special meeting. If such a meeting is properly called for by a majority of the Board, the Board Chair, in conjunction with administrative support shall facilitate the process of scheduling and properly noticing the special meeting in a timely manner. without undue delay and in such a way so as to allow for the attendance of as many Board members as is practically possible.

B. **Open to The Public.** Meetings of the Board shall be open to the public, except as otherwise provided in applicable laws or regulations, including but not limited to the Brown Act and the Local Health Care District Law.

   1. Members of the public shall be afforded an opportunity to provide input to District processes and Board meetings to the extent permitted under applicable laws, including but not limited to the Brown Act and the Local Health Care District Law.

C. **Quorum.** A majority of the voting members of the Board shall constitute a quorum for the transaction of business at any Board Meeting except as otherwise required by law.

D. **Manner of Acting.** The act of a majority of the members of the Board present at a meeting at which a quorum is present shall be the act of the Board. No act taken at a meeting at which less than a quorum was present shall be valid. The Board may follow Robert’s Rules of Order as guidance when taking action and obtaining information.

E. **Disrupted Meetings.** In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible, and order cannot be restored by the removal of individuals who were willfully interrupting the meeting, the Board Chair may order the meeting room closed and continue in session. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. The Board Chair may establish a procedure for readmitting an individual or individuals not responsible for willfully disrupting the orderly conduct of the meeting.

F. **Medical Staff Representation.** With the exception of closed sessions at which such representation is not requested by the Board, the Medical Staff of each Facility shall have the right of representation at all meetings of the Board, by and through the Chief of Staff, or designee, of each Medical Staff, who shall have the right of attendance, the right to participate in Board discussions and deliberations, but who shall not have the right to vote.

G. **Regular Meetings.**

   1. The Board shall hold an annual organizational meeting on or around December, during which the Board shall elect its officers for the next calendar year. One member shall be elected as Chairperson, one as Vice Chairperson, one as Secretary, and one as Treasurer.

   2. At the annual organizational meeting, the Board shall pass a resolution stating the dates, times and places of the Board’s regular monthly meetings for the following calendar year. The Board may later change the date, time, or location of a meeting upon resolution made at a regular Board meeting.

   3. Notice, including the meeting’s agenda, shall be provided in accordance with Government Code §54954.2(a)(1) at least 72 hours prior to the beginning of regular meetings.

   4. The 72-hour requirement can be waived, and items can be added to regular meetings if any of the following criteria are met:

      a. During the meeting, a majority of the Board determines that there is an emergency as defined by Government Code § 54956.5 which would give rise to the ability to call an emergency meeting as described in Section V, I, "Emergency Meetings" or

      b. If at least two thirds of the Board members are present, and by a vote of at least two thirds of those Board members present, the Board determines there is a need to take immediate action, and the need for action came to the attention of the District after the agenda was posted.
c. If less than two thirds of the Board members are present, and by a unanimous vote of those Board members present, the Board determines there is a need to take immediate action, and the need for action came to the attention of the District after the agenda was posted.

d. The item was posted for a prior meeting occurring not more than five calendar days prior to the date action is taken on the item and at the prior meeting the item was continued to the meeting at which action is being taken, as allowed by Government Code §54954.2.

H. Special Meetings. A special meeting may be called at any time by the Chairperson, or by a majority of Board members, by delivering at least 24 hours' written notice as required by Government Code §54956. Written notice may be dispensed with as to any Board member who at or prior to the time the meeting convenes files with the Secretary a written waiver of notice. Such written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.

I. Emergency Meetings.

1. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, such as a work stoppage, crippling activity, or another activity that severely impairs public health, safety, or both, as determined by a majority of the Board members, the Board may hold an emergency meeting without complying with either or both the 24-hour notice or posting requirements, provided it complies with the requirements defined in Government Code §54956.5.

2. The minutes of an emergency meeting, a list of persons who the Chairperson, or his or her designee notified or attempted to notify, a copy of the roll call vote and any actions taken at the meeting shall be publicly posted for a minimum of ten days as soon possible after the meeting.

VIII. Article VIII: Board Committees

A. Appointment. Standing committees are established by the Board and shall be advisory in nature unless otherwise specifically authorized to act by the Board. Members of all committees, whether standing or special (ad hoc) shall be appointed by the Chairperson of the Board.

1. A standing committee of the Board is any commission, committee, board or other body, whether permanent or temporary, which is created by formal action of the Board and has continuing subject matter jurisdiction and/or a meeting schedule fixed by charter, ordinance, resolution, or formal action of the Board. Actions of committees shall be advisory in nature with recommendations being made to the Board.

2. Special or ad hoc committees are appointed by the Chair of the Board and shall exist for a single, limited purpose with no continuing subject matter or jurisdiction. Special or advisory committees shall be advisory in nature and shall make recommendation to the Board. The committee shall be considered disbanded upon conclusion of the purpose for which it was appointed.

B. Standing Committees. There shall be the following standing committees of the Board: Finance; Governance; Audit and Compliance; Human Resources; Strategic and Facilities; Community Relations; and Quality Review. Standing committees will be treated as the Board with respect to Article V of these bylaws. All provisions in Article V that apply to Board members shall apply to members of any standing committee.

1. Finance Committee.
   a. Chairperson. The Board Treasurer may serve as the Chairperson of the Board Finance Committee.
   b. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.
   c. The Finance Committee shall consist of six voting members, three members of the Board, the President and Chief Executive Officer, and the Chief of Staff from each hospital. There shall be three alternate Committee members:
      i. One alternate shall be a member of the Board, also appointed by the Chairperson of the Board, who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Board Committee member: if the Board Member First Alternate is also not available another Board Member may attend as a voting member with Board Chair approval.
      ii. The second and third alternate Committee members shall be the Chiefs of Staff Elect from each hospital, who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for their respective Chief of Staff.
d. Non-Voting Membership. The Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer, the Controller, the Chief Nursing Officer Palomar Medical Centers Escondido and Downtown Escondido, and the Chief Nursing Officer Palomar Medical Center Poway.

e. Duties. Provide oversight to determine and facilitate the financial viability of the organization through the effective establishment of sound policies and development of a system of controls to safeguard the preservation and use of assets and resources. The duties of the Committee shall include but are not limited to:

i. Review and approve annual and long-range operating cash, operational and capital budgets for the District and its system affiliates (“System”).

ii. Develop and maintain sound understanding of the services of the District's revenues and expenses and its economic environment.

iii. Approve methods of financing major capital asset renovations, replacements and additions.

iv. Review financial reports and operating statistics on a regular basis to provide organizational oversight regarding the appropriateness of actions in response to operating trends in achievement of financial goals.

v. Evaluate and approve financial plans for new business ventures, programs, and services and establish criteria to measure their ongoing viability.

vi. Develop communications in order to enhance the understanding of other members in regard to financial matters of the system.

vii. Review the preliminary, annual operating budgets for the District and Facilities and other entities;

viii. Review and recommend to the Board the final, annual, operating budgets;

ix. Review annually those policies and procedures within its purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing or creation of new policies and procedures; and

x. Perform such other duties as may be assigned by the Board.

2. Audit and Compliance Committee.

1. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.

2. Membership shall consist of no more than three members of the Board and one alternate. The alternate shall attend and enjoy voting rights only in the absence of a voting Committee member. If the Board alternate is also not available another Board Member may attend as a voting member with Board Chair approval.

3. Non-Voting Membership. The President and Chief Executive Officer, the Chief Legal Officer, the Compliance Manager, and a physician appointee. Any District executive, representative or director will attend as an invited guest.

a. Duties. Determine and establish that appropriate review mechanisms and management of the District's assets and resources are in place and that the organization complies with all applicable state and federal regulations relative to the audit and financial stewardship of the District. The duties of the Committee shall include but are not limited to:

i. Routinely review the system of internal controls for the organization.

ii. Recommend a qualified audit firm to complete independent financial audits of the system and review reports, management letters and recommendations from the firm to assure compliance with recognized audit principles and standards.

iii. Keep up with trends in the field of health care audit and compliance to help educate other Board members on the latest trends in the industry.

iv. Approve and review the effectiveness and overall audit scope including but not limited to financial statements, external/internal audits, compliance, internal controls and reporting responsibilities.

v. Recommend to the Board the approval of the organization's annual audit reports.
vi. Review annually those policies within its purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing or creation of new policies.

vii. Assess and monitor the independent status of the outside independent auditors.

viii. Direct special investigations for the Board.

3. Governance Committee.
   a. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.
   b. Membership shall consist of no more than three members of the Board and one alternate. The alternate shall attend and enjoy voting rights only in the absence of a voting Committee member. If the Board Member First Alternate is also not available another may attend as a voting member with Board Chair approval.
   c. Non-Voting Membership. The President and Chief Executive Officer, the Chief Legal Officer, the Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer and the Director of Clinical Operations Improvement.
   d. Duties. Oversee, establish and monitor the effective and efficient management of the governmental processes of the Board. The duties of the Committee shall include but are not limited to:
      i. Make an annual, comprehensive review of the District bylaws, policies and procedures and receive reports regarding same, and elicit recommendations on such issues from management; and the Board.
      ii. Provide guidance to the CEO in the development of education and orientation programs that enhance member understanding of Board stewardships, health care, issues and management of the system.
      iii. Assist in development and completion of an annual Board self-assessment and where appropriate make recommendations to enhance governance of the organization by its members.
      iv. Review and where appropriate make recommendations to the Board on pending or existing state and federal legislation that could affect the direction of the District and Board member responsibilities.
      v. Annually review the boundaries of the District to ensure compliance with its charter in the completion of health care stewardship responsibilities.
      vi. Review such other issues associated with Palomar Health and/or Board governance and its effectiveness, including but not limited to Board member orientation and continuing education.
      vii. Advise the Board on the appropriate structure and operations of all committees of the Board, including committee member qualifications.
      viii. Monitor developments, trends and best practices in corporate governance, and propose such actions to the Board.
      ix. Perform such other duties as may be assigned by the Board.

4. Human Resources Committee.
   a. Voting Membership. All recommendations must be ratified by the full Board prior to any action taken.
   b. Membership shall consist of no more than three members of the Board and one alternate. The alternate shall attend Committee meetings and enjoy voting rights only in the absence of a voting Committee member.
   c. Non-Voting Membership. The President and Chief Executive Officer; the Vice President Human Resources; the Chief Nursing Officers Palomar Medical Centers Escondido, Escondido Downtown and Poway; Vice President Continuum Care; Legal Counsel.
   d. Duties. Help develop a workforce environment that effectively translates the District’s mission and vision into reality on a daily basis. The duties of the Committee shall include but are not limited to:
      i. Review and assess regular reports from administration on the education and development of staff, turnover, completion of performance appraisals, staffing plans,
etc. to identify trends and needs and to ensure that governmental agency requirements are met.

ii. Review, understand and recommend Human Resource policies and compensation programs in order to provide an excellent work environment and stewardship of the workforce.

iii. Monitor labor relations program as established by the District and review/recommend changes (in conjunction with the District’s Labor Attorney and Administration) to the Board when appropriate.

iv. Keep abreast of changes in Healthcare workforce issues and develop educational programs and communications for the Board to keep them up-to-date on challenges faced by the District.

v. Make recommendations to the President and Chief Executive Officer and the Board to improve communications among the Board, Medical Staffs, District employees and auxiliaries.

vi. Review annually those policies and procedures within its purview and report the results of such review to the Board. Such reports shall include recommendations to the Board regarding modification of existing or creation of new policies and procedures; and

vii. Review and make recommendations to the President and Chief Executive Officer and the Board regarding compensation, incentive, and benefit plans offered to District Officers and other employees.

viii. Perform such other duties as may be assigned by the Board.

5. Strategic and Facilities Planning Committee.

a. Voting Membership. All recommendations must be ratified by the full Board prior to any action taken.

b. The Committee shall consist of six voting members: Three members of the Board, the President and Chief Executive Officer, and the Chief of Staff from each hospital. There shall be three alternate Committee members: The alternate Committee members for Chief of Staff shall be the Chiefs of Staff elect from each hospital, who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for their respective Chief of Staff. If the Board Member First Alternate is also not available another may attend as a voting member with Board Chair approval.

i. The alternate(s) shall attend Committee meetings and enjoy voting rights only in the absence of a voting Committee member.

c. Non-Voting Membership. The Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer, the Chief Nursing Officer Palomar Medical Centers Escondido and Downtown Escondido, the Chief Nursing Officer Palomar Medical Center Poway, the Vice President Strategy and Business Development, the Vice President Supply Chain, Purchasing and Construction, Legal Counsel, the Vice President Human Resources, the Vice President Philanthropy, and a board member of the Palomar Health Foundation, recommended by the Foundation and approved by the Committee Chairperson. As needed, other appropriate relevant staff in facilities, planning and compliance may be requested to attend to facilitate the work of the Committee.

d. Duties. The duties of the Committee shall include but are not limited to:

i. Regarding the Strategic Function: Review, assess and establish that the mission and vision of the Board are implemented in an effective and meaningful manner through the establishment and implementation of plans and programs that enhance the well-being of the citizens of the District.

I. Review and make recommendations to the Board regarding the District’s short and long range strategic plans, master and facility plans, physician development plans and strategic collaborative relationships.

II. Review the development of new programs and system initiatives to ensure their direction is in accordance with the mission and vision of the organization and support the strategic plans of the District.

III. Monitor completion of annual goals in order to ensure their effective completion on behalf of the system.
IV. Recommend educational programs and enhance Board members understanding of trends in the local, State and National health care arena and issues affecting the system.

V. Review annually those policies within the Committee’s purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing, or creation of new policies.

VI. Perform such other duties as may be assigned by the Board.

1. Regarding the Facilities Function: Provide oversight for the development, expansion, modernization and replacement of the Health System facilities and grounds in order to promote the physical life of the assets belonging to the District; and to ensure the safety and well-being of those working in and being served in the facilities and on the grounds.

   I. Approve the annual Facilities Development Plan and regularly review updates on implementation of plan;
   II. Receive a biannual Environment of Care report;
   III. Perform such other duties as may be assigned by the Board

IV. Advise the Finance Committee with respect to the need of adequate projects funding.

V. Ensure that the District is in compliance with governmental agency and accreditation requirements with respect to earthquake and disaster preparedness, fire and safety codes, environmental standards and physical security needs, etc.

VI. Provide oversight regarding the maintenance of facilities and grounds and implementation of improvement projects.

VII. Ensure that a long-term facility plan is developed and updated regularly.

VIII. Perform such other duties as may be assigned by the Board.

6. Quality Review Committee.
   a. Voting Membership. The Committee shall consist of five voting members, including three members of the Board and the Chairs of Medical Staff Quality Management Committees of Palomar Medical Center Escondido and Palomar Medical Center Poway. T

   b. Non-Voting Membership. The President and Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, Chief Legal Officer, Chief Medical Officer, and the Chief Nursing Officers of Palomar Medical Center Escondido and Palomar Medical Center Poway, the Medical Quality Officer, and the Sr. Director of Quality and Patient Safety.

   c. Duties. The duties of the Committee shall include but are not limited to:
      i. Oversight of performance improvement and patient safety. All referrals and/or recommendations will be sent to the Board of Directors for final approval.
      ii. Annual review of credentialing and privileging process of the medical staff
      iii. Periodic review of caregiver performance using objective data to recognize success and identify opportunities for improvement.

7. Community Relations Committee.
   a. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.

   b. The Committee shall consist of five voting members, including three members of the Board and one alternate who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Committee member, the President and Chief Executive Officer, and a Board member of the Palomar Health Foundation recommended by the Foundation and approved by the Committee Chairperson. If the Board Member First Alternate is also not available another board Member may attend as a voting member with Board Chair approval.

   c. Non-Voting Membership. The Chief Operations Officer, the Vice President of Continuum Care, the Foundation Philanthropy Officer, the Director of Marketing, an RN representative, and two representatives of the Palomar Health Patient and Family Advisory Committee.

   d. Duties. Develop plans and programs that help to communicate the District's mission and vision to various constituents and related groups and to educate the public on Healthcare
and wellness issues facing the citizens of the District. The duties of the Committee shall include but are not limited to:

i. Review and make recommendations to the Board regarding the District’s community relations and outreach activities, including marketing, community education and wellness activities.

ii. Review marketing procedures to ensure that they support the District's mission and goals. Such policies shall include market research, specific and marketing program planning and development, and internal and external communications. The Committee shall report its review of such policies to the Board on a regular basis.

iii. Serve as Board liaison to the Foundation and quarterly review, recommend and prioritize capital projects and contemplated funding requests to the Foundation’s Board of Directors, and review annual reports from the Foundation regarding donations and projects funded during the previous year.

iv. Review annually those policies within the Committee’s purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing, or creation of new, policies.

v. Advise the Board on issues relating to health care advisory councils and District grant procurements.

vi. Undertake planning regarding the District’s community relations and outreach activities, including marketing, community education and wellness activities.

vii. Perform such other duties as may be assigned by the Board.

C. Special Committees. Special or ad hoc committees may be appointed by the Chairperson who will then notify the Board for special tasks as circumstances warrant and upon completion of the task for which appointed, such special committee shall stand discharged. All recommendations must be ratified by the Board prior to any action taken.

D. Advisors. A committee chairperson may invite individuals with expertise in a pertinent area to voluntarily work with and assist the committee. Such advisors shall not vote or be counted in determining the existence of a quorum and may be excluded from any committee session at the discretion of the committee chairperson.

E. Meetings and Notice. Meetings of a committee may be called by the Chair of the Board, the chairperson of the committee, or a majority of the committee’s voting members. The chairperson of the committee shall be responsible for contacting alternate committee members in the event their participation is needed for any given committee meeting.

F. Quorum. A majority of the voting members of a committee shall constitute a quorum for the transaction of business at any meeting of such committee.

G. Manner of Acting. The act of a majority of the members of a committee present at a meeting at which a quorum is present shall be the act of the committee so meeting. Each committee shall keep minutes of its proceedings and shall report to the Board. No act taken at a meeting at which less than a quorum was present shall be valid.

H. Tenure. Each member of a committee described above shall serve a one-year term, commencing on the first day of January after the annual organizational meeting at which he or she is elected or appointed. Each committee member shall hold office until a successor is elected, unless he or she sooner resigns or is removed from office by the Board.

IX. Article IX: Medical Staffs

A. Organization.

1. There shall be separate Medical Staff organizations for both Palomar Medical Center Escondido/Palomar Health Downtown Campus and for Palomar Medical Center Poway with appropriate officers and bylaws. The Medical Staff of each Hospital shall be self-governing with respect to the professional work performed in that Hospital. Membership in the respective Medical Staff organization shall be a prerequisite to the exercise of clinical privileges in each Hospital, except as otherwise specifically provided in each Hospital's Medical Staff bylaws.

2. District Facilities other than the Hospitals may also have professional personnel organized as a medical or professional staff, when deemed appropriate by the Board pursuant to applicable law and Joint Commission and/or other appropriate accreditation standards. The Board shall establish the rules and regulations applicable to any such staff and shall delegate such
responsibilities, and perform such functions, as may be required by applicable law and Joint
Commission and/or other appropriate accreditation standards. To the extent provided by such
rules, regulations, laws and standards, the medical or professional staffs of such Facilities shall
perform those functions specified in this Article VIII.

B. Medical Staff Bylaws. Each Medical Staff organization shall propose and adopt by vote bylaws, rules
and regulations for its internal governance which shall be subject to, and effective upon, Board
approval, which shall not be unreasonably withheld. The bylaws, rules and regulations shall be
periodically reviewed for consistency with Hospital policy and applicable legal and other requirements.
The bylaws shall create an effective administrative unit to discharge the functions and responsibilities
assigned to the Medical Staffs by the Board. The bylaws, rules and regulations shall state the
purpose, functions and organization of the Medical Staffs and shall set forth the policies by which the
Medical Staffs exercise and account for their delegated authority and responsibilities. The bylaws,
rules and regulations shall also establish mechanisms for the selection by the Medical Staff of its
officers, departmental chairpersons and committees.

C. Medical Staff Membership and Clinical Privileges.
   1. Membership on the Medical Staffs shall be restricted to Practitioners who are competent in their
      respective fields, worthy in character and in professional ethics, and who are currently licensed
      by the State of California. The bylaws of the Medical Staffs may provide for additional
      qualifications for membership and privileges, as appropriate.
   2. While retaining its ultimate authority to independently investigate and/or evaluate Medical Staff
      matters, the Board hereby recognizes the duty and responsibility of the Medical Staffs to carry
      out Medical Staff activities, including the investigation and evaluation of all matters relating to
      Medical Staff membership, clinical privileges and corrective action. The Medical Staffs shall
      forward to the Board specific written recommendations, with appropriate supporting
documentation that will allow the Board to take informed action, related to at least the following:
      a. Medical Staff structure and organization;
      b. The process used to review credentials and to delineate individual clinical privileges;
      c. Appointing and reappointing Medical Staff members, and restricting, reducing, suspending,
terminating and revoking Medical Staff membership;
      d. Granting, modifying, restricting, reducing, suspending, terminating and revoking clinical
         privileges;
      e. Matters relating to professional competency;
      f. The process by which Medical Staff membership may be terminated; and
      g. The process for fair hearing procedures.
   3. Final action on all matters relating to Medical Staff membership, clinical privileges and corrective
      action shall be taken by the Board after considering the Medical Staff recommendations. The
      Board shall utilize the advice of the Medical Staff in granting and defining the scope of clinical
      privileges to individuals, commensurate with their qualifications, experience, and present
      capabilities. If the Board does not concur with the Medical Staff recommendation relative to
      Medical Staff appointment, reappointment or termination of appointment and granting or
      curtailment of clinical privileges, there shall be a review of the recommendation by a conference
      of two Board members and two members of the relevant Medical Staff, before the Board renders
      a final decision.
   4. No applicant shall be denied Medical Staff membership and/or clinical privileges on the basis of
      sex, race, creed, color, or national origin, or on the basis of any other criterion lacking
      professional justification. The Hospitals shall not discriminate with respect to employment, staff
      privileges or the provision of professional services against a licensed clinical psychologist within
      the scope of his or her licensure, or against a physician, dentist or podiatrist on the basis of
      whether the physician or podiatrist holds an M.D., D.O., D.D.S., D.M.D. or D.P.M. degree.
      Wherever staffing requirements for a service mandate that the physician responsible for the
      service be certified or eligible for certification by an appropriate American medical board, such
      position may be filled by an osteopathic physician who is certified or eligible for certification by
      the equivalent appropriate American Osteopathic Board.

D. Performance Improvement.
   1. The Medical Staffs shall meet at regular intervals to review and analyze their clinical experience,
in order to assess, preserve and improve the overall quality and efficiency of patient care in the
Hospitals and other District Facilities, as applicable. The medical records of patients shall be the
basis for such review and analysis. The Medical Staffs shall identify and implement an
appropriate response to findings. The Board shall further require mechanisms to assure that
patients with the same health problems are receiving a consistent level of care. Such
performance improvement activities shall be regularly reported to the Board.

2. The Medical Staffs shall provide recommendations to the Board as necessary regarding the
organization of the Medical Staffs’ performance improvement activities as well as the processes
designed for conducting, evaluating and revising such activities. The Board shall take
appropriate action based on such recommendations.

3. The Board hereby recognizes the duty and responsibility of the Medical Staffs to carry out these
performance improvement activities. The Board, through the President and Chief Executive
Officer, shall provide whatever administrative assistance is reasonably necessary to support and
facilitate such performance improvement activities.

E. Medical Records. A complete and accurate medical record shall be prepared and maintained for
each patient.

F. Terms and Conditions. The terms and conditions of Medical Staff membership, and of the exercise
of clinical privileges, shall be as specified in the Hospitals’ Medical Staff bylaws.

G. Procedure. The procedure to be followed by the Medical Staff and the Board in acting on matters of
membership status, clinical privileges, and corrective action, shall be specified in the applicable
Medical Staff bylaws.

H. Appellate Review. Any adverse action taken by the Board with respect to a Practitioner’s Staff status
or clinical privileges, shall, except under circumstances for which specific provision is made in the
Medical Staff bylaws, be subject to the practitioner’s right to an appellate review in accordance with
procedures set forth in the bylaws of the Medical Staffs.

X. Article X: Claims and Judicial Remedies

A. Claims. The District is subject to Division 3.6 of Title 1 of the California Government Code,
pertaining to claims against public entities. The Chief Executive Officer, or his or her designee, is
authorized to perform those functions of the Board specified in Part 3 of that Division, including the
allowance, compromise or settlement of any claims where the amount to be paid from the District’s
treasury does not exceed $50,000.

XI. Article XI: Amendment

A. These bylaws may be amended or repealed by vote of at least four members of the Board at any
Board meeting. Such amendments or repeal shall be effective immediately, except as otherwise
indicated by the Board.
ADDENDUM D
Memorandum

To: Board of Directors
From: Laura Barry, Chair, Board Finance Committee
Date: August 9, 2021
Re: Board Finance Committee, July 28, 2021, Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Barry, Edwards-Tate & Greer

INFORMATION ITEMS

- Pre-Audit June 2021 and YTD FY2021 Financial Statistics: As the June 2021 financial close was extended to assure all FY2021 business transactions are recorded in the pre-audit financial statements, and consistent with prior year year-end closings, full financial statements were not yet available. Statistical indicators were included in the packet for review\(^1\). A formal presentation of the full Pre-Audit June 2021 and YTD FY2021 Financial Report will be made at the August meeting.

ACTION ITEMS

- Minutes, Wednesday, July 28, 2021, Board Finance Committee Meeting: Reviewed and approved the draft minutes from the Wednesday, July 28, 2021, Board Finance Committee meeting.
- Executed, Budgeted, Routine Physician Agreements: Reviewed and recommended approval of the Executed, Budgeted, Routine, Physician Agreements that had been administratively approved, signed and became effective in the months of January and July\(^2\).
- Annual Adoption of Statement of Investment – Board Policy #27092: No edits were recommended. The Committee voted to recommend approval of the unchanged Policy to the Board Governance Committee.
- Edits to §VIII.B.1.c. of the Bylaws – Finance Committee: The Committee voted to recommend to the Board Governance Committee corrections to the Non-Voting membership to correspond with recent organizational changes.
- Resolution No. 08.09.21(01)-16 of the Board of Directors of Palomar Health: Morgan Stanley Authorized Persons and Enabling Resolutions for Municipalities and Certain Other Unincorporated Entities for DVP Accounts\(^2\): Reviewed and recommended approval of the Resolution, in the form provided by the bank, that more narrowly defines the District officers/staff who would have control over investment accounts.
- Resolution No. 08.09.21(02)-17 Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2021-2022 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith\(^2\): Management—having reviewed the effect of current economic conditions, the resultant assessed values of properties in the District, and the increase in debt service due to interest now being paid on the Series 2009 and 2010 bonds, as well as the impact of those factors on the tax levy—recommended that the rate of taxation be increased. The Committee agreed and recommended that the Board adopt the above-referenced Resolution, with a stated rate of taxation therein of $38.00 per $100,000 of assessed valuation of taxable property.
- Resolution No. 08.09.21(03)-18 Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2021 – June 30, 2022 Pursuant to Article XIII(B) of the California Constitution\(^2\): Reviewed and recommended that the Board adopt the Resolution Establishing the Appropriations Limit for Palomar Health for Fiscal Year 2022.

\(^1\) Attached
\(^2\) Backup documentation may be reviewed elsewhere in the agenda packet
Fiscal Year 2021
Statistical Indicators

June 2021 Pre-Audit
## Adjusted Patient Days

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**Adj Disch Factr**

|       | 1.5901 | 1.6120 | 1.6748 | 1.6187 | 1.5719 | 1.4879 | 1.4202 | 1.5089 | 1.6705 | 1.6393 | 1.6013 | 1.7289 | 1.5890  |

*146*
### Adjusted Discharges

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#### ADJUSTED DISCHARGE CALCULATION

| FACTOR | 1.5810 | 1.6011 | 1.6636 | 1.6091 | 1.5636 | 1.4816 | 1.4150 | 1.5023 | 1.6589 | 1.6299 | 1.5919 | 1.7197 | 1.5801 |
| DISCHARGES: | | | | | | | | | | | | | |
| PH NORTH - ACUTE | 1,689 | 1,630 | 1,552 | 1,653 | 1,628 | 1,679 | 1,516 | 1,471 | 1,578 | 1,547 | 1,687 | 1,493 | 19,123 |
| PH SOUTH - ACUTE | 448 | 417 | 426 | 447 | 443 | 473 | 413 | 371 | 456 | 445 | 458 | 440 | 5,237 |
| PH SOUTH - SNF | 31 | 41 | 36 | 33 | 40 | 30 | 32 | 37 | 39 | 42 | 48 | 443 | 443 |
| TOTAL | 2,168 | 2,088 | 2,014 | 2,133 | 2,111 | 2,162 | 1,961 | 1,879 | 2,073 | 2,026 | 2,187 | 1,981 | 24,803 |

#### ADJUSTED DISCHARGES

| FACTOR | 1.5810 | 1.6011 | 1.6636 | 1.6091 | 1.5636 | 1.4816 | 1.4150 | 1.5023 | 1.6589 | 1.6299 | 1.5919 | 1.7197 | 1.5801 |

#### ADJUSTED PATIENT DAY CALCULATION

| FACTOR (Excl SNF) | 1.5810 | 1.6011 | 1.6636 | 1.6091 | 1.5636 | 1.4816 | 1.4150 | 1.5023 | 1.6589 | 1.6299 | 1.5919 | 1.7197 | 1.5801 |
| ACUTE PATIENT DAYS: | | | | | | | | | | | | | |
| PH NORTH | 7,073 | 6,777 | 6,333 | 6,907 | 7,046 | 8,323 | 8,097 | 7,406 | 6,300 | 6,460 | 6,083 | 6,283 | 64,798 |
| PH SOUTH | 1,983 | 1,786 | 1,917 | 2,000 | 2,069 | 2,359 | 2,137 | 1,942 | 2,074 | 2,053 | 2,235 | 2,067 | 24,562 |
| TOTAL ACUTE PATIENT DAYS | 9,056 | 8,563 | 8,250 | 8,907 | 9,115 | 10,682 | 11,044 | 9,348 | 8,374 | 8,513 | 9,218 | 8,290 | 109,360 |
| ACUTE ADJUSTED PATIENT DAYS | 14,400 | 13,804 | 13,817 | 14,416 | 14,328 | 15,894 | 15,685 | 14,105 | 13,989 | 13,955 | 14,761 | 14,333 | 173,489 |
| ADD: SNF PT DAYS - SOUTH | 2,925 | 3,353 | 2,962 | 3,023 | 2,826 | 2,779 | 2,770 | 2,665 | 3,284 | 2,708 | 3,300 | 2,876 | 35,473 |
| TOTAL ADJUSTED PATIENT DAYS | 17,325 | 17,157 | 16,779 | 17,441 | 17,154 | 18,673 | 18,455 | 16,770 | 17,273 | 16,663 | 16,081 | 17,211 | 208,962 |
Observation Discharges

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## Average Length Of Stay – Acute By Days

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Surgeries – Inpatient Only

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156
Surgeries – Outpatient Only

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FY2021

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157
Surgeries – CVS

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<th>Nov-20</th>
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FY2021 Budget

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| South          | -      | -      |
| Cons           | 97     | 143    |

YTD Budget

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Outpatient Registrations (Includes Lab)

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C/Day  | 313    | 302    | 325    | 342    | 313    | 312    | 265    | 303    | 322    | 313    | 307    | 341    |

160
ER Visits (Includes Trauma) – Outpatient Only

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161
## ER Admissions (Includes Trauma) – Inpatient Only

### Bar Graph

The bar graph illustrates the number of ER admissions (including trauma) for inpatient care from July to June for fiscal year 2021. The graph compares the admissions for the North, South, and Consolidated (Cons) regions over the year. The YTD (Year-to-Date) admissions are also shown, along with the budget for each month.

### Data Table

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<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
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### Additional Information

- **C/Day**: 49 | 44 | 49 | 46 | 50 | 53 | 46 | 48 | 49 | 49 | 47 | 54 | 48 | 52

**162**
Total ER Visits (Includes Trauma & Admissions)

North 7,594 7,092 7,702 7,289 7,056 6,966 5,874 6,099 7,297 7,474 7,256 8,782
South 2,346 2,192 2,380 2,153 2,145 2,141 1,793 1,790 2,291 2,366 2,394 2,896
Cons 9,940 9,284 10,082 9,442 9,201 9,107 7,667 7,889 9,588 9,840 9,650 11,678

YTD Budget
North 101,372
South 31,935
Cons 133,307

163
ER Conversion (ER Admissions as %-age of ER Visits)

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### Trauma Cases

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<td>181</td>
<td>157</td>
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| C/Day | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 5 |

166
## Deliveries

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Case Mix Index

North
South
Cons


North 1.68 1.64 1.65 1.65 1.65 1.79 1.95 1.84 1.77 1.69 1.71 1.66
South 1.42 1.41 1.45 1.34 1.46 1.52 1.58 1.48 1.41 1.32 1.34 1.37
Cons 1.62 1.60 1.61 1.59 1.61 1.73 1.87 1.77 1.69 1.60 1.63 1.60

170
### Case Mix Index (Excludes Deliveries)

#### North
- July 2020: 1.68
- August 2020: 1.65
- September 2020: 1.65
- October 2020: 1.66
- November 2020: 1.78
- December 2020: 1.93
- January 2021: 1.84
- February 2021: 1.77
- March 2021: 1.69
- April 2021: 1.72
- May 2021: 1.66
- June 2021: 1.66
- FY2021: 1.72
- Budget: 1.61

#### South
- July 2020: 1.44
- August 2020: 1.43
- September 2020: 1.46
- October 2020: 1.38
- November 2020: 1.47
- December 2020: 1.54
- January 2021: 1.59
- February 2021: 1.50
- March 2021: 1.42
- April 2021: 1.33
- May 2021: 1.38
- June 2021: 1.41
- FY2021: 1.44
- Budget: 1.43

#### Cons
- July 2020: 1.63
- August 2020: 1.61
- September 2020: 1.61
- October 2020: 1.60
- November 2020: 1.61
- December 2020: 1.73
- January 2021: 1.86
- February 2021: 1.77
- March 2021: 1.69
- April 2021: 1.61
- May 2021: 1.64
- June 2021: 1.60
- FY2021: 1.66
- Budget: 1.58

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**171**
Case Mix Index – Medi-Cal

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Budget:
- North: 1.61
- South: 1.35
- Cons: 1.57
Case Mix Index – Medi-Cal Managed Care

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**Legend:**
- **CCMC:** Core Commercial Medical Care
- **MCAL:** Medicare Advantage
- **MCAR:** Medicare Advantage Risk
- **SELF:** Supplemental
- **CAPITATED:** Capitated
- **SUPPLEMENTAL:** Supplemental

**Note:** The values represent financial data for each month, with YTD indicating Year-to-Date. The columns list the months from July to January, with a final column showing the year-end total. The table includes budget variances and percentage comparisons for various periods.
Memorandum

To: Board of Directors

From: Richard C. Engel, MD, Chair, Board Strategic and Facilities Planning Committee

Date: August 9, 2021

Board Strategic and Facilities Planning Committee

Re: July 27, 2021, Virtual Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Engel, Greer and Griffith/Barry

ACTION ITEMS

- **Minutes, May 25, 2021**: Reviewed and approved the draft minutes from the Tuesday, May 25, 2021, Board Strategic & Facilities Planning Committee meeting

- **Minutes, June 22, 2021**: Reviewed and approved the draft minutes from the Tuesday, June 22, 2021, Special Board Strategic & Facilities Planning Committee meeting

- **Edits to §VIII.B.5.b. of the Bylaws: Board Strategic & Facilities Planning Committee**: Reviewed and recommended to the Board Governance Committee approval of the edits to the Non-Voting Membership of the Committee as recommended